

Barre Unified Union School District

COVID-19 PLANNING / FFCRA Timesheet

Name: _____ School (circle one): **BCEMS** **BTMES** **CVCC** **SHS**

Must be submitted to your administrator for approval by Thursday at 4:00 before the pay period ends.

| Date | # of Hours | TEAM/DEPARTMENT | COVID-19 Funding Code (Business office will assign code) | Rate | Total |
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| Total # | | | | | |

Signature: _____ **Date:** _____ **Administrator Signature:** _____

Please return completed timesheet to the business office.