

**SELAH SCHOOL DISTRICT NO. 119  
SUPPLEMENTAL TIME SHEET**

Name \_\_\_\_\_

Position \_\_\_\_\_ School \_\_\_\_\_

Account Code \_\_\_\_\_

Purpose \_\_\_\_\_

Pay Rate \_\_\_\_\_

		DATE	HOURS WORKED
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
TOTAL			

EMPLOYEE SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

BLDG/DEPT/DIST (Time logged) \_\_\_\_\_  
BLDG/DEPT ADMIN APPROVAL \_\_\_\_\_  
DISTRICT OFFICE APPROVAL \_\_\_\_\_

*NOTE: All signatures are required prior to time sheet processing*

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ADMINISTRATOR APPROVAL \_\_\_\_\_  
DISTRICT OFFICE APPROVAL \_\_\_\_\_

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