

RAINIER SCHOOL DISTRICT NO. 307 - CLASSIFIED EMPLOYEE TIME SHEET

Complete form daily - **use ink only**. Sign, have supervisor approve and sign, then turn in on last working day of each month.

EMPLOYEE NAME: _____ MONTH OF: _____

DATE	START	LUNCH	STOP	HOURS	Charge to:								Leave:		
					BASIC	BLDG	SPED	TITLE	LAP	MAINT.	KITCHEN	TRANSP.	HOURS	TYPE	
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I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THIS IS A TRUE AND CORRECT REPORT OF MY HOURS WORKED.

Key to leave: S=Sick V=Vacation P=Personal
B=Bereavement H=Holiday J=Jury Duty

EMPLOYEE SIGNATURE: _____

DATE: _____

SUPERVISOR SIGNATURE: _____

DATE: _____