YORK SCHOOL DISTRICT ONE
MONTHLY TIME and EFFORT (HOURS)

School/Dept: ______________________
Month/Year: ______________________
(Payroll Period)

Budgeted Allocation: Fund ______ Fund ______
Actual Allocation: Fund ______ Fund ______

COST OBJECTIVE		NUMBER OF HOURS PER DAY																				Total
Funding Source/No.	Program	MON	TUE	WED	THUR	FRI	MON	TUE	WED	THUR	FRI	MON	TUE	WED	THUR	FRI	MON	TUE	WED	THUR	FRI	Hours
																						0.00
																						0.00
																						0.00
																						0.00
																						0.00
																						0.00
																						0.00
																						0.00
																						0.00
																						0.00
	TOTAL HOURS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00

V - Vacation Leave *P-Personal Leave* *PD - Professional/Administrative Leave*
H - Holiday *CSL - Sick Leave* *SB-Spring Break*

Hours *Monday-Friday*

Hours Worked Per Week:

CERTIFICATION

I CERTIFY THAT THIS IS A TRUE AND CORRECT REPORT OF THE ACTUAL HOURS I WORKED DURING THIS PERIOD.

I CERTIFY THAT THE EMPLOYEE WAS PRESENT AND WORKING AS INDICATED BY THIS REPORT.

Employee Name ______________________

Employee Signature ______________________

Date ______________________

Supervisor Name ______________________

Supervisor Signature ______________________

Date ______________________