

TIME SHEET
CAMPBELL COUNTY SCHOOL DISTRICT

NAME: _____ **LOCATION:** _____

SS# XXX-XX- _____ **NAME OF PROGRAM:** _____
(or program number)

PERIOD END DATE: _____

BUDGET CODE: _____ **PAY RATE PER HOUR: \$** _____
(To be filled in by CCSD Admin Assnt Federal Programs.)

INSTRUCTIONS:

If you are providing services for an hourly fee, please complete both sides (timesheet and invoice). Make sure you have signed both sides then give form to your supervisor for their signatures on both sides. Form should be returned to CCSD / ESC - Admin Assnt Fed Programs. Call 687-4545 if you have any questions.

	SAT	SUN	MON	TUES	WED	THURS	FRI	TOTAL
DATE								
HOURS								
DATE								
HOURS								
DATE								
HOURS								
DATE								
HOURS								
DATE								
HOURS								
TOTAL HOURS								

 Signature Date