

# WEST CHESTER AREA SCHOOL DISTRICT

## Time Card – Meeting/Training

(Teacher extra pay only)

Meeting/Training Name:		Meeting/Training Location:	
Meeting/Training Date:		Approver Name Print:	
Coordinator/Organizer Name:		Approver Signature:	
Start Time:	End Time:	Date Signed:	

**BUDGET CODE:**

#	Employee Number REQUIRED	PRINT NAME	SIGNATURE REQUIRED	Home Building Location	HOURS	NOTES
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