

Classified Supplemental Time Sheet
Aberdeen School District

Name _____

School Year _____ Building _____

Purpose _____

Budget Code _____

I certify that I worked the hours recorded below.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

MONTH	DAY	HOURS	NOTES
	1		
	2		
	3		
	4		
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	8		
	9		
	10		
	11		
	12		
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