

SCAPPOOSE SCHOOL DISTRICT 1J - TIME SHEET FOR NON CONTRACTED TIME

Employee Name: _____

School: _____

Position: _____

Hours Per Day: _____

Month _____

Date	Hours worked	Reason required for extra pay	Grant account code (to be filled in by supervisor)
<i>Example</i>	2.25	<i>Safety Care Training</i>	<i>217.2240.0122.600.320</i>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

**Hours worked in quarter hour increments*

Employee Signature: _____

Supervisor Signature: _____

Payroll Only
Total Hours: