TIME RECORD

Event Title _____

Event Location _____

Event Description _____

Date(s) of Event _____

CHECK (✓) BOXES THAT APPLY

Certified ☐ Classified ☐

Instructing ☐ Not Instructing ☐

Time: Start _____ End _____ **Budget Code** _____

School Initials	PRINTED LEGAL NAME OF EMPLOYEE	HOURS	EMPLOYEE SIGNATURE

_____ _____

Instructor/Presenter's Signature Date

_____ _____

Building Administrator's Signature Date

_____ _____

Cabinet Level Administrator's Signature Date

DW-208 Rev 3/2026

white-payroll yellow-school