



Employee Name: _____ **Employee #:** _____

Pay Period:	To	20	Site/Department
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[illegible]

Total Hours

EMPLOYEE SIGNATURE

ADMINISTRATOR PRINTED NAME

ADMINISTRATOR SIGNATURE

DATE _____

CATEGORICAL PRINTED NAME (if Applicable)

CATEGORICAL SIGNATURE

DATE _____

ASST SUP OF ED SERVICES PRINTED NAME (if Applicable)

ASST SUP OF ED SERVICES SIGNATURE

DATE _____

Funding Line to be Charged:	Fund	Site	Resource	PY	Goal	Function	Object