College Place School District #250
Food Services Time Sheet

Printed Name: ______________________

Address: ______________________

Phone: ______________________

Signature: ______________________

I certify that the information on this time sheet is true and that I am the person responsible for filling out this form.

Date Worked	Worked for Who (Person's Name if Applicable)	Type of Work Done (Cook, Helper, Scanner, Training)	Time Period Worked (From When to When)	Hours Worked	Business Office Use Only: Account Code Charged	Rate of Pay	Reverse Regular Code Charged

Grand Total: ______

Account Codes	Amount Paid

____
Administrator's Signature and Date