College Place School District #250
Time Sheet for Hourly Pay
(Do Not Put Substitutes on This Form Please)

Printed Name: _____ Signature: _____

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

Address: _____

_____ Phone #: _____

Date Worked	Type of Work Done (Translating, Curriculum Adoption Etc…)	Time Period Worked (From When - To When)	Total Hours

_____ Grand Total: _____

Administrator's Signature and Date

Business Office Use Only

Hourly Rate of Pay: _____

Account Code: _____ Amount: _____

Account Code: _____ Amount: _____

Account Code:_____ Amount: _____