PR 1 06

WENATCHEE SCHOOL DISTRICT #246
DISTRICT TIME SHEET

MONTH_____YEAR_____

_____ EMPLOYEE'S NAME (Please Print)

_____ POSITION

_____ _____ EMPLOYEES SIGNATURE DATE

_____ NAME OF SCHOOL

_____ _____ ADMINISTRATORS SIGNATURE DATE

_____ PROGRAM or WORKSHOP

RATE OF PAY *(Please check one)*
____Certificated Rate ____Activity ____ Per Diem Rate

_____ ACCOUNT #

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16

17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

To be paid for this time, this form must be received by payroll no later than sixty (60) days following completion of the time worked. All work completed in May and June must be turned in no later than July 10th.

DATE	EXPLANATION	# of Hours Worked

FOR PAYROLL USE ONLY

Hours	_____	Hours	_____	Hours	_____	Hours	_____
Rate of Pay	_____	Rate of Pay	_____	Rate of Pay	_____	Rate of Pay	_____
TOTAL	_____	TOTAL	_____	TOTAL	_____	TOTAL	_____

TIME SHEET TOTAL $ _____

FIELD 43

3.TYPE	4.FREQ	5.AEBX	6.ACCOUNT CODE	7.L&I	9.RATE	10.O.T.	11.HRS	12.GROSS	13. %	15.DATE