

# WENATCHEE SCHOOL DISTRICT #246

## Per Diem Time Sheet

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

Employee Name *(Please Print)* \_\_\_\_\_

Position \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of School \_\_\_\_\_

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

| Codes | Type          | # of Days |
|-------|---------------|-----------|
| D     | Per Diem Days | (5) Days  |
| X     | IEP Day       | (4) Days  |

**(Time sheets will be submitted in 7 ½ hour increments for full time staff or the appropriate hours per days determined by your FTE for part time staff.)**

|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 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 10<sup>th</sup>.***

| FOR PAYROLL USE ONLY    |                     |       |      |               |     |              |                 |
|-------------------------|---------------------|-------|------|---------------|-----|--------------|-----------------|
| Per Diem Hrs. _____     | Per Diem Hrs. _____ |       |      |               |     |              |                 |
| Rate of Pay _____       | Rate of Pay _____   |       |      |               |     |              |                 |
| Total _____             | Total _____         |       |      |               |     |              |                 |
| <b>TIME SHEET TOTAL</b> |                     |       |      |               |     |              | <b>\$ _____</b> |
| FIELD 119               |                     |       |      |               |     |              |                 |
| FR-Date                 | To-Date             | Hours | Code | Daily/Hr Rate | L&I | Account Code | AEBX            |
|                         |                     |       |      |               |     |              |                 |
|                         |                     |       |      |               |     |              |                 |
|                         |                     |       |      |               |     |              |                 |
|                         |                     |       |      |               |     |              |                 |