

WENATCHEE SCHOOL DISTRICT #246

August Institute

MONTH August YEAR 2008

Employee Name <i>(Please Print)</i>	August Institute
Employees Signature	Prof Development HR
Date	Name of School
Administrator Signature (Ron Brown)	6604 27 2019 000
Date	Account Code

This time sheet must be routed to Ron Brown @ Technology Department for signature. It will be reconciled with the electronic registration system. If you are not registered online and on a roster for a course or have an approved independent plan, you will not get paid.

(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.

FOR PAYROLL USE ONLY

Per Diem Hrs. _____	Per Diem Hrs. _____
Rate of Pay _____	Rate of Pay _____
Total _____	Total _____

TIME SHEET TOTAL \$ _____

FIELD 119	FR-Date	To-Date	Hours	Code	Daily/Hr Rate	L&I	Account Code	AEBX
		-		57		613		A

TIME SHEETS ARE DUE THE LAST WORKING DAY OF THE MONTH