

HARRISON HILLS CITY SCHOOL DISTRICT PLANNING PERIOD ASSIGNMENT

NAME: _____ **BUILDING:** _____

PAY PERIOD ENDING: _____

DAY	DATE	C & P START TIME	C & P STOP TIME	ASSIGNMENT	INITIAL
MON					
TUES					
WEDS					
THURS					
FRI					
MON					
TUES					
WEDS					
THURS					
FRI					

I hereby certify that this report is a true and accurate statement of the actual hours worked by me on each of the above listed dates.

EMPLOYEE SIGNATURE: _____

I hereby certify that this report is a true and accurate statement of the actual hours worked by the employee to the best of my knowledge and belief.

PRINCIPAL/SUPERVISOR'S SIGNATURE: _____

	HOURS	RATE	TREASURER'S OFFICE TOTAL	ACCOUNT CODE