HARRISON HILLS CITY SCHOOL DISTRICT SUPPORT SERVICE TIME SHEET			
NAME:	BUILDING:		
PAY PERIOD ENDING:			

DAY	DATE	THERAPIST	TRUANCY	WELLNESS	INITIAL
SUN					
MON					
TUES					
WEDS					
THURS					
FRI					
SAT					
SUN					
MON					
TUES					
WEDS					
THURS					
FRI					
SAT					

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 reprot is a true and acurate statement of the actural hours worked by the employee to the best of my knowledge and belief.							
PRINCIPAL/SUPERVISOR'S SIGNATURE:							
TREASURER'S OFFICE							
ОТ	REG	RATE	TOTAL	ACCOUNT CODE			
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