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

OT	REG	RATE	TOTAL	ACCOUNT CODE