TOPPENISH SCHOOL DISTRICT
EMPLOYMENT TIME RECORD

POSITION: _____   NAME: _____

<div align="right">(please print name)</div>

DATE OF SERVICE (mo./day/yr.)	EVENT/ HOURS (i.e. 2 or 2.25)	TIME PERIOD (i.e. 2:30 p.m-4:30 p.m. or 2:30 p.m.-4:45 p.m.)	Prep Loss Event Verified Initial and check	STATE REASON FOR EVENT OR HOURS (please be specific)

23

TOTAL EVENT/HOURS = _____   _____ / _____

<div align="center">Employee's Signature   Date</div>

Event/hours _____ x Rate _____ = $_____

_____

<div align="center">**Account Number**</div>

Event/Hours _____ x Rate _____ = $_____

_____

<div align="center">**Account Number**</div>

Event/Hours _____ x Rate _____ = $_____

_____

<div align="center">**Account Number**</div>

<div align="center">TOTAL PAID $_____</div>

_____ / _____

<div align="center">**Principal/Supervisor's Signature   Date**</div>

NOTE: If rate is not specified, pay will be at employee's current placement.

_____ / _____

<div align="center">**Program Administrator's Signature   Date**</div>

This document becomes a supplemental contract once approval and signatures have been acquired.

Save, copy or print before you send to payroll   05/2005