TOPPENISH SCHOOL DISTRICT
EMPLOYMENT TIME RECORD

POSITION: _____ NAME: _____
(please print name)

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)

TOTAL EVENT/HOURS = _____ _____ / _____
Employee's Signature **Date**

Event/hours _____ x Rate _____ = $_____ _____
Account Number

Event/Hours _____ x Rate _____ = $_____ _____
Account Number

Event/Hours _____ x Rate _____ = $_____ _____
Account Number

TOTAL PAID $_____

_____ / _____
Principal/Supervisor's Signature **Date**

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

_____ / _____
Program Administrator's Signature **Date**

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

Save, copy or print before you send to payroll

05/2005