



College Place School District #250

TIME SHEET

Coaches / Club Advisors

(Not for use by substitutes)

Reported time only includes practice time with students, contest time with students and time traveling to and from contests with students.

School: _____

Printed Name: _____

Coach/Advising Position: _____

MONTH YEAR



(Emailed to Kenneth James)

By submitting this form, I certify by my printed name above, that the information on this time sheet is true and that I am the person responsible for filling out this form.

OFFICE USE ONLY

Administrator's Signature and Date

Business Manager's Signature and Date

TOTAL SICK HOURS ACCUMULATED

DAY OF MONTH	HOURS
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
TOTAL	