BLAINE SCHOOL DISTRICT #503 TIME SHEET

I certify that I have fulfilled the duties listed below for the pay period indicated. In addition to my regularly contracted schedule, I worked additional hours. The actual hours worked in direct support of individual cost objectives are indicated below.

NAME	(PRINT)	DEPT/SCHOOL
SIGNATURE	Date Signed	PAY PERIOD ENDING (MM/DD/YYYY)
	SUPERVISOR'S APPROVAL	Date Signed

ADDED HOURS

DATE	REG HOURS	OT HOURS	CODE/ POSIT- ION	PAY RATE	ACCOUNT CODE PPSS-AA-OBB1-LLL-4444-5555	REASON (IF FEDERAL, MUST DESCRIBE COST OBJECTIVE ACTIVITIES)
Payroll Use Only						