Port Townsend School District Certificated Staff – Group Timesheet

Additional Hours beyond Regular Contracted Time

Date of Meeting/Training (mm-dd-yyyy): Description:			Time Start: Time End:	
ACCOUNT CODE	E IS REQUIRED / ALL	EXTRA TIME MUST E	BE PRE-APPROVI	ED
CERTIFICATED STAFF Employee Name (Printed)	Employee Initials	Hours Attended (If different than above)	Employee Rate (PR use Only)	Employee Total Cost (<i>PR use Only</i>)
(**Please use addition sheets for additional	participants)	Total Meeting/Traini	ng Cost: \$	
Building/Administrator Approval:			Date:	
Budget Administrator Approval:				

To be submitted by the 15th of the Month to be in that month's payroll.