

Name _____

Month _____

Building _____

Year _____

Day	Class Time Hours	Testing Time Hours	Driving Time Hours	Day	Class Time Hours	Testing Time Hours	Driving Time Hours
1				17			
2				18			
3				19			
4				20			
5				21			
6				22			
7				23			
8				24			
9				25			
10				26			
11				27			
12				28			
13				29			
14				30			
15				31			
16				Totals			

I certify that the above is an accurate record of the time worked during the period.

Employee Signature _____ ****Original signature required! Please print and sign.****
(This notation will not print.)

Date _____

Supervisor Signature _____ ****Original signature required! Please print and sign.****
(This notation will not print.)

Date _____

RECAPITULATION - Please do not write in lines below.							
Account Code		Hours		@		Pay \$	
Account Code		Hours		@		Pay \$	
Account Code		Hours		@		Pay \$	
Account Code		Hours		@		Pay \$	
		Total Hours			Total Pay		