CERTIFICATED GROUP TIMESHEET

Fife School District No. 417

Name of Activity/Meeting:					Date:	Location:	
Account Code:		Rate:				Pay Code:	
lease list employees in o	n alphabetically order by last name.			NOTE: This is an instrument for pay, not a sign-in document.			
Print Name	Signature	Hours	<u>Payroll Use Only</u>				
	Jigilature	1104113	Rate	Gross	Account code		
	Total:		Gross Tota	al:			
uparvisor/Administrata							
upervisor/Administratonereby certify that the atte	ndees and hours liste	ed above are cor	rect.	C Date:	Office Manager/Initiator: _	Date:	