CLASSIFIED GROUP TIMESHEET

Fife School District No. 417

Name of Activity/Meeting:					Date:	Location:	
Account Code:		Rate:				Pay Code:	
Please list employees i	in alphabetically order by last name.			NOTE: This is an instrument for pay, not a sign-in document.			
Print Name	Signature	Hours	Payroll Use Only				
	2.0.146416		ate	Gross	Account code		
Total: Gro							
Supervisor/Administra I hereby certify that the a	tor ttendees and hours liste	d above are corre	ect. I	O Date:	ffice Manager/Initiator:	Date:	
Budget Manager:		 Date:					