



DOCUMENTATION OF HOURS

DATE WORKED	# OF HOURS	Times Worked (ex. 3:30 p.m. – 6:30 p.m.)	PURPOSE	LOCATION

DISTRIBUTION CODE _____

_____ HOURS @ _____ per hour = _____

EMPLOYEE ID # _____

EMPLOYEE SIGNATURE _____

IMMEDIATE SUPERVISOR/PRINCIPAL SIGNATURE _____

COUNTY AUTHORIZATION SIGNATURE _____ **DATE** _____