

# ALBERT GALLATIN AREA SCHOOL DISTRICT

## TIME SHEET

\_\_\_\_\_ Federal \_\_\_\_\_ District

*(Please check one)*

**Name:** \_\_\_\_\_ **Building:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

**Reason** (After School, Training, Tutoring, etc.) \_\_\_\_\_

**Time Period:** From \_\_\_\_\_ to \_\_\_\_\_ **Rate:** \$20.00 per hour

DATE	Time worked	Total Hours Worked	Total Wages per Day
<b>TOTAL</b>			

Teacher's Signature: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Date submitted: \_\_\_\_\_