Port Townsend School District
Classified Staff – Group Timesheet

Additional Hours beyond Regular Contracted Time

Date of Meeting/Training (mm-dd-yyyy):		**Time Start:**
Description:		**Time End:**
Budget Account Code (Required):	**Paycode:**	**Total Time:**

ACCOUNT CODE IS REQUIRED / ALL EXTRA TIME MUST BE PRE-APPROVED

CLASSIFIED STAFF Employee Name (Printed)	**Employee Initials**	**Hours Attended (*If different than above*)**	**Employee Rate (*PR use Only*)**	**Employee Total Cost (*PR use Only*)**

(Please use addition sheets for additional participants)**

Total Meeting/Training Cost: $_____

Building/Administrator Approval: _____ Date: _____

Budget Administrator Approval: _____ Date: _____

To be submitted by the 10th of the Month to be in that month's payroll.

Rev: 09-2020