

# Williamsport Area School District

# TIME LOG

Upon completion of work  
 please remit paperwork to:  
 Office of the Assistant Superintendent  
 DSC

Employee Name:	
Approved Work (i.e. agenda item):	
Board Approval Date:	
Employee Social Security #:	

Work Phone:	
Home Phone:	

Date/Day	Hours	Rate	Description	Total
Account #		REG: _____ RATE: _____ PER: _____ FED: _____		Total

Comments:

Employee's Signature:	Date:
Supervisor's Signature:	Date:
Asst. Supt. Signature:	Date: