

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:	

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Date/Day	Hours	Rate	Description	Total

Account #	REG: _____ RATE: _____ PER: _____ FED: _____	Total
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Comments:

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