CHEHALIS SCHOOL DISTRICT
ATHLETIC DEPARTMENT TIME CARD

NAME________________________________________________________

SCHOOL________________________ MONTH________________YEAR_____________

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<thead>
<tr>
<th>Date</th>
<th>Title of Activities</th>
<th>Hours</th>
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Total

I certify that the hours recorded above are correct.
Account Code:________________________________________________________

Employee Signature________________________________________________________ Date: ____________

Supervisor Signature________________________________________________________ Date: ____________

(green color)