

CHEHALIS SCHOOL DISTRICT
ATHLETIC DEPARTMENT TIME CARD

NAME _____

SCHOOL _____ MONTH _____ YEAR _____

Date	Title of Activities	Hours	\$\$\$
Total			

I certify that the hours recorded above are correct.

Account Code: _____

Employee Signature _____ Date: _____

Supervisor Signature _____ Date: _____

(green color)