

Please be sure all information is completed and page totaled .
 Form will be returned if there is missing information. This could delay payment.

NAME: _____

PDE ID #: _____

Building: _____

Title I K-4 Summer Reading Program

Account Code _____

Day	START	STOP				Total Time
	Date					
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

PLEASE TOTAL

Employee signature

Date

Supervisor's signature

Date

PAYROLL DATE

Office use only