

BOYERTOWN AREA SCHOOL DISTRICT

PROFESSIONAL SUPPLEMENTARY ACTIVITY TIME SHEET

Employee's Name: _____

School or Building: _____

<<< PLEASE SUBMIT TO PAYROLL WITHIN 7 DAYS FROM EVENT/ACTIVITY >>>

DATE OF EVENT	DESCRIPTION	HOURS
TOTAL HOURS		

EMPLOYEE SIGNATURE: _____ DATE: _____

PRINCIPAL/ADMINISTRATOR SIGNATURE: _____ DATE: _____

PLEASE NOTE – Supplemental Activity Time Sheets MUST be submitted to Payroll within **seven (7) days** of the event/activity in order for it to be processed.

PAYROLL DEPARTMENT USE:	V.01/2023
ACCOUNT CODE: _____	
RECEIVED BY: _____	RECEIVED DATE: _____