

Boyertown Area School District

Supplementary Activities Time Sheet

Employee _____ Building _____

Employee # _____

Date	Activity	Hours
TOTAL HOURS		

Employee Signature _____ Date _____

Supervisor/Principal _____ Date _____
(If applicable)

ASN _____

Rate _____
(If other than current professional rate, please explain)

Administrator _____ Date _____

NOTE: Supplemental Activities Time Sheet MUST be submitted within 30 days of completion of work