



Employee Name: _____ Employee ID: _____

Activity Date	Session Time	Activity Name	Total Time of Session	Rate of Pay
Example: --March 4, 2017	7-9 pm	Workshop	2 hours	\$14.14 per hour
Total Hours				

Coding:

Fund	Type	Function (CTE to Complete)	OBJECT	Facility School Number	Project Call CTE Office for Specific Project number @ 955-6848	Sub Project	Program
100	E					00000	00000

Employee Signature

Date _____

Career and Technical Education Director Signature

Date _____

This document to be kept on file at the school.