

PELHAM SCHOOL DISTRICT
PER DIEM Time Sheet

Name _____

All records should be submitted within 30 days of work

	DATE	BRIEF DESCRIPTION	Half Day	Full Day
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

TOTAL # DAYS _____

Employee Signature

Supervisor Signature

School or Dept

Date

Business Office Use Only

Date rec'd _____

Date Paid _____

Code _____

Rate: _____