

MULTNOMAH EDUCATION SERVICE DISTRICT
Personal/Professional Services Time Sheet

(Use with Temporary Employment Agreement)

Employee Name _____ Period Ending _____

Amount Due Employee \$ _____

Hours Worked _____

Days Worked _____

List Days Worked _____

No. of weeks during which service was performed _____

Employee Social Security No.

Budget Account to be Charged

Employee Signature

Supervisor Signature

My signature indicates that I affirm the amount indicated above and no additional claims will be made for this time period.

These Temporary Time Sheets are to be turned into the Business Office on the 1st or 16th of each month.

Rev. 12/92

Green to Payroll; Blue - Program Copy; Yellow to Employee

FORM 108