

Chehalis School District
CERTIFICATED TIME CARD

Name _____ School _____ Month _____ Year _____

Date	Paid at Per Diem				Paid at \$40/hr				Total Hours
	IEP/GQP Hours	504 Hours	SPED Collaboration/Training	Safety Committee Mtgs	Curriculum Development	Non-Instructional Hours	Collaboration Time *	WA Kids	
1									
2									
3									
4									
5									
6									
7									
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27									
28									
29									
30									
31									

I certify that the hours recorded above are correct.

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

- * Collaboration Time not to exceed eighteen (18) hours per semester.
- * Collaboration hours may be turned in monthly
- * For Collaboration Hours - Semesters are August-January & February-June

(gray color)