CLASSIFIED COACH / ADVISOR RECORD OF HOURS WORKED

NOTE: This report must be submitted in accordance to the payroll calendar.

Date(s) **(List Separately)**	Position	# of Hours Worked (by nearest 1/4 hour) **(Please, no time frames)**

_____ Employee's Signature (must be legible)

_____ Supervisor's Signature (must be legible)

_____ Total Hours