ST. MARYS CITY SCHOOLS
St. Marys, Ohio

TIME REPORT

(For Work Not Covered by Regular Salaries)

PERIOD OF _____ to _____

DATE	SCHOOL	KIND OF WORK	HOURS
		TOTAL HOURS	

Signature of Worker _____

Printed Name _____

Approved by _____ Title Funds__Y__N **(Revised 1-17)**

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