

COLONIAL INTERMEDIATE UNIT 20  
6 Danforth Drive  
Easton, PA 18045-7899

**REPORT OF TIME WORKED - DAILY RATE**

Submit this completed form to your supervisor for approval on the 15<sup>th</sup> or 31<sup>st</sup> of each month worked.

<u>Date</u>	<u>Nature of Work</u>	<u>Days</u>	<u>Date</u>	<u>Nature of Work</u>	<u>Days</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL DAYS: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
(Please include Zip Code)

\_\_\_\_\_  
Date

Approved: \_\_\_\_\_

CERTIFICATE:  
I certify that the work indicated  
above was performed by me on  
the dates indicated.

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**OFFICE USE ONLY**

Salary: Days Worked x Rate = Amount Due

\_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_