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

**REPORT OF TIME WORKED - HOURLY RATE**

Instructions: Please submit this completed form to your supervisor on the 15th or 31st of each month worked.

| Date | Nature of Work | Hours | Date | Nature of Work | Hours |
|---|---|---|---|---|---|
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |

TOTAL Hours: _____

_____
Signature

_____
Name (Please Print)

_____
Address

_____
(Please include Zip Code)

_____
Date

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

Approved:_____

OFFICE USE ONLY

Salary: Days Worked x Rate = Amount Due

_____ x _____ = $_____