							Time Distribution Worksheet Part 1																								
Name:														Emp	oloye	e ID#	:														
Month/Yea	r:													Pos	tion:																
Employee's	Employee's Name:													Submission Date:																	
Day &																															
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2 – Retenti		L									2 - Federal IELCE																				
	2 - Retention9 - Transportation3 - Instruction10 - Professional Dev																														
	4 – Assessment 11 - Program Planning																														
5 – Counseling 12 – Fiscal											5 - State Public Assistance																				
6 - Administration 13 – Clerical									6 - Unrestricted																						
7 - Child Care 14 - Other:										7 - Other:																					
Employee's Signature								Date Supervisor's Signature													Date										

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Name:		Employee															yee ID#:														
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	FOR HOURS 8AM to 5PM, USE PART 1																														
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