

FAIRFIELD LOCAL SCHOOLS

FRIDAY SCHOOL

SUPERVISOR TIME SHEET

Name _____

Building _____

I certify that I supervised Friday School on _____, 20__ for a total of
_____ hours.
(time)

Signature _____

Date _____, 200_

**Please return this form to the principal along with the Friday School Assignment List on
Monday Morning.**

Principal's Signature _____ Date _____, 200_

To be completed by the Treasurer's Office

Account Code 001 1190 149 Non-Certificated Job Number _____

Account Code 001 1190 113 Certificated Job Number _____