

CHAMPLAIN VALLEY EDUCATIONAL SERVICES

Clinton-Essex-Warren-Washington BOCES

TIMESHEET APPROVAL FORM

Employee Name: _____ Date: _____

Title: _____ Division: _____ Location: _____

Explanation of need for additional hours: _____

Dates: _____ Hours/Time Requested _____

Director Signature & Date of Approval: _____

*****Forward to Payroll in Business Office*****

Are funds available in the current budget: Yes No

If not, is a Budget Amendment required: Yes No Estimated Amount \$ _____

Budget Code:	Percent of Code:

Budget Approval: _____

Accountant/Treasurer

Date

Employee Services Office:

Is the use of personnel in the requested fashion pursuant to an acceptable contractual provision? Yes No

Is the use of personnel in the requested fashion supported by local, state and/or federal law? Yes No

If no, please explain: _____

Employee Services Approval: _____

Assistant Superintendent Management Services

Date

District Superintendent:

Approved: Yes No

District Superintendent Signature

Date