

CLARKSVILLE-MONTGOMERY COUNTY CTSO SUPPLEMENT TIMESHEET

Return form to CTE Coordinator prior no later than May 15

Name:					MUNIS Employee #:	
School:					CTSO:	
					Chapter #:	
					Onaptor w.	
	Date	Time In	Time Out	Hours	Activity	Location
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13 14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30			T-1-111			
Total Hours <u>Employee Signature:</u>				Doto		
				Date:		
Principal Signature:				<u>Date:</u>		
Director of CTE Signature:				<u>Date:</u>		

3/21/22 CTE-F003 Page 1 of 1