

**YORK SCHOOL DISTRICT ONE  
MONTHLY TIME and EFFORT (HOURS)  
FY 2016-2017**

School/Dept: \_\_\_\_\_  
 Month/Year: \_\_\_\_\_  
 (Payroll Period )

Budgeted Allocation: \_\_\_\_\_  
 Fund \_\_\_\_\_  
 Fund \_\_\_\_\_  
 Fund \_\_\_\_\_

Actual Allocation: \_\_\_\_\_  
 Fund \_\_\_\_\_  
 Fund \_\_\_\_\_  
 Fund \_\_\_\_\_

COST OBJECTIVE		NUMBER OF HOURS PER DAY																									Total
Funding Source/No.	Program	MON	TUE	WED	THUR	FRI	MON	TUE	WED	THUR	FRI	MON	TUE	WED	THUR	FRI	MON	TUE	WED	THUR	FRI	MON	TUE	WED	THUR	FRI	Hours
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