



Contractor Work Hours Record

Fiscal Project Name: _____ Site: _____

Month/Year covered by this work hour record _____ Date submitted: _____

Contractor's name: _____

Supervisor's name and role (please print): _____

Mark the category that applies to you:

_____ **Hourly.** If paid by the hour, indicate your hourly rate.

_____ **Stipend.** If paid a monthly stipend, indicate the amount of the stipend.

Date	Total Hours Worked	Date	Total Hours Worked

TOTAL HOURS WORKED DURING MONTH:

All work hour records must be signed by the contractor and their site supervisor then submitted to the Ed Fund no later than the 5th day of the month for payment that month. All payments will be processed through Bill.com. Work records submitted after the 5th day of the month may experience delays in payment. Contractors will only be paid once per month. Ed Fund generally processes payments within 5-10 business days, though it may take longer in some cases.

Employee's Signature

Supervisor's Signature
