Revised 08/24/07

SPECIAL EDUCATION PROGRAM TIME SHEET

LOCATION: St. Joseph Center for Special Learning

EMPLOYEE NAME: _____
Please Print

JOB TITLE: _____
Changing a job title on the time sheet is not an "official change"

EMPLOYEE SIGNATURE: _____

PAY DATE: _____

SUPERVISOR'S SIGNATURE: _____

YEAR: _____

revised 10/06/09

Date	Day of Week	Sick (S) Self (F) Family	Vacation	Personal Day	Holiday / Holyday	Other (Explain)	Hours Worked	**Hours to be Paid**	Department Code
				Week 1					
	Sun.								
	Mon.								
	Tues.								
	Wed.								
	Thur.								
	Fri.								
	Sat.								
				Week 2					
	Sun.								
	Mon.								
	Tues.								
	Wed.								
	Thur.								
	Fri.								
	Sat.								
		TOTAL HOURS TO BE PAID							

Department Options:

CODE	DESCRIPTION
01	Teacher Aid
02	Summer Prgm
03	Over 21 Prgm
04	Ext. Day Prgm
05	Maintenance
06	Aux. Staff
07	Substitute Teach
08	Support Staff

Please enter a department code for each day worked.

Additional Pay / Instructions:

_____
Supervisor's Initials

NOTES: Supervisor must initial any hours that have been changed, overwritten or crossed off. If there is more than one hourly rate for hours worked in a pay period, the total hours *for each rate should be written in the "Instructions" box with along with the corresponding rate and then initialed by the Supervisor. (The total hours in the "Hours To Be Paid" column and the total hours in "Instructions" box must match). The number of Sub day(s) and the amount for each day must be written in the "Instructions" box and initialed as well.*