

Mio AuSable Schools

Title: PARAPROFESSIONAL
Department: ELEMENTARY SCHOOL
Supervisor: GARY WOOD

Employee Name: _____

Absence Codes: PTO, F=Funeral, U=Unpaid, SB=School Business

WEEK ONE									
Day	Date	Start Time	Lunch Out	Lunch In	End Time	Reg. Hrs.	OT Hrs.	Abs. Code	PTO Hrs.
Friday									
Monday									
Tuesday									
Wednesday									
Thursday									

Reg. Hrs.	OT Hrs.

Week One Totals:

WEEK TWO									
Day	Date	Start Time	Lunch Out	Lunch In	End Time	Reg. Hrs.	OT Hrs.	Abs. Code	PTO Hrs.
Friday									
Monday									
Tuesday									
Wednesday									
Thursday									

Reg. Hrs.	OT Hrs.

Week Two Totals:

Combined Weekly Totals:

--	--

EXTRA TIME								
Day	Date	Start Time	Lunch Out	Lunch In	End Time	Reg. Hrs.	OT Hrs.	Extra Duty Assignment

Reg. Hrs.	OT Hrs.

Extra Time Totals:

I certify that the hours and PROGRAM ALLOCATIONS indicated are accurate. I understand that no overtime may be worked without prior approval from my supervisor. I understand that falsifying this time record could lead to disciplinary action including termination of employment.

Employee Signature _____

Date: _____

Supervisor Signature: _____

Date: _____

Regular Hourly Rate:

Extra Time Reg. Rate:

Date Paid:
