Mio AuSable Schools

Title: PARAPROFESSIONAL

Department: HIGH SCHOOL/MIDDLE SCHOOL

supervisor: April Margaritis

Employee	e Name: _							
	Absence C	odes:	PTO F=Fur	neral U=Unr	oaid, SB=Sch	ool Business		
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Day	Date	Start Time	Lunch Out	Lunch In	End Time	Reg. Hrs.	OT Hrs.	Abs. Code
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
Friday								
Monday								
Tuesday								
Wednesday								
Thursday								
						Reg. Hrs.	OT Hrs.	
Week Two Totals:								4
			Co	ombined We	ekly Totals:			
Combined Weekly Totals:								
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Day	Date	Start Time	Lunch Out	Lunch In	End Time	Reg. Hrs.	OT Hrs.	Extra Duty Assignment
						Reg. Hrs.	OT Hrs.	
						Reg. His.	OI IIIS.	
Extra Time Totals:								
I cerify that the hou	urs and PROGRAM	ALLOCATIONS indica	ated are accurate. I u	understand that no ov	etime may be worked	without prior approva	al from my superviso	or. I understand that
falsifying this time	record could lead to	o disciplinary action in	cluding termination of	employment.				
Familiaria Ciamatrina								
Employee Signature						Date:		
Supervisor Signature:						Date:		
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Domulay Havely Data								
Regular Hourly Rate:								
				Extra Time	Reg. Rate:			
					e Reg. Rate: Date Paid:			