

# Mio AuSable Schools

Title: <b>PARAPROFESSIONAL</b>
Department: HIGH SCHOOL/MIDDLE SCHOOL
Supervisor: April Margaritis

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
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:

Combined Weekly Totals:

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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:
