

Excess Levy Funded Summer School - After School

Name _____ Employee ID _____

Position _____ Location _____

Date	Start Time	End Time	Hours	Notes
		Total Hours		
		Rate of Pay		
		Total to be Paid	\$	

Signature of Employee _____ **Date** _____

I hereby certify that the above record is a true and accurate summary of my work.

Supervisor Signature _____ **Date** _____

Please enter location code and check appropriate box for you job

Professionals

Teachers PK 12 11.00216.11119.112. _____

Special Ed Teachers 11.00216.21219.112. _____

Service

Bus Drivers 11.00216.12711.122.015

Aides PK 12 11.00216.11119.122. _____

Special Ed Aides 11.00216.21219.122. _____

Custodians 11.00216.12611.122. _____