

SPECIAL EDUCATION TIMESHEET

Name _____

For Business Office Use Only

Activity Details

Description of Activity* (Please Specify) _____

*If substitute aide, please list classroom teacher

Account Charged (Please check the appropriate boxes for account code determination)

Function	Object	Funding Source	Inst. Org	Building
<input type="checkbox"/> Life Skills (1211)	<input type="checkbox"/> 122 (Prof Staff)	<input type="checkbox"/> None (000)	<input type="checkbox"/> Elementary (10)	<input type="checkbox"/> Nescopeck (220)
<input type="checkbox"/> Speech/Language Support (1225)				<input type="checkbox"/> West Berwick (230)
<input type="checkbox"/> Emotional Support (1231)	<input type="checkbox"/> 191 (Inst Asst FT)			<input type="checkbox"/> Salem (240)
<input type="checkbox"/> Autistic Support (1233)	<input type="checkbox"/> 192 (Inst Asst PT)	<input type="checkbox"/> IDEA (520)	<input type="checkbox"/> Secondary (30)	<input type="checkbox"/> Middle School (500)
<input type="checkbox"/> Learning Support (1241)				<input type="checkbox"/> Access (891)
<input type="checkbox"/> Gifted Support (1243)				
<input type="checkbox"/> Ortho Impairment (1260)				
<input type="checkbox"/> Multi Disabilities (1270)				
Special Programs				
Function	Object	Funding Source	Special Cost Center	
<input type="checkbox"/> Special Programs Other (1290)	<input type="checkbox"/> 122 (Prof Staff) <input type="checkbox"/> 191 (Inst Asst FT) <input type="checkbox"/> 192 (Inst Asst PT)	<input type="checkbox"/> × IDEA (520)	<input type="checkbox"/> OESY (Extended School Year) <input type="checkbox"/> OPAR (Paraprofessional)	

Timesheet Details

	Day	Date	Time		No. of Hours
			From	To	
1ST WEEK	Mon	/ /			
	Tue	/ /			
	Wed	/ /			
	Thu	/ /			
	Fri	/ /			
	Sat	/ /			
	Sun	/ /			
Total Hours for Week					

	Day	Date	Time		No. of Hours
			From	To	
2ND WEEK	Mon	/ /			
	Tue	/ /			
	Wed	/ /			
	Thu	/ /			
	Fri	/ /			
	Sat	/ /			
	Sun	/ /			
Total Hours for Week					

Total Hours for Pay Period _____

Hourly Rate _____

Payroll reserves the right to return incomplete/unsigned timesheets for completion.

Note: Please adhere to the payroll schedule. Late timesheets will be processed the following pay cycle.

DO NOT HOLD TIME CARDS. The District is assessed penalties and interest for late payroll reporting to retirement.

Employee Signature

Principal/Supervisor Approval

_____/_____/_____
Date Submitted