

# EDUCATIONAL SUPPORT TIME SHEET

EMPLOYEE NAME:

--

CAMPUS:

	CLASS/GRADE LEVEL:
--	--------------------

*Please list students enrolled each day. Use full names. Absences should be marked with an "A" beside their name.*

DATE & TIME:	DATE & TIME:	DATE & TIME:	DATE & TIME:	DATE & TIME:
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
10	10	10	10	10
11	11	11	11	11
12	12	12	12	12
13	13	13	13	13
14	14	14	14	14
15	15	15	15	15
16	16	16	16	16

EMPLOYEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

ADMINISTRATOR/PROGRAM DIRECTOR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

<p>Central Administration will code funding.</p> <p>Funding Codes: <input type="checkbox"/> <b>ARI / AMI</b> _____ 404-11-6112-00-999-924000</p> <p>Daily Rate: _____ <input type="checkbox"/> <b>OEY</b> _____ 401-11-6112-00-999-924000</p> <p>Hourly Rate: _____ <input type="checkbox"/> <b>HS ALLOTMENT</b> _____ 428-11-6112-00-001-911000</p> <p>Number of Hours: _____ <input type="checkbox"/> <b>RURAL TECH</b> _____ XXX-11-6112-00-999-999000</p>	<p>NOTES:</p>
---	---------------