

PLAINFIELD BOARD OF EDUCATION

PARAPROFESSIONAL CLASS COVERAGE TIMESHEET

Employee Name _____

Type of Service or Position Paraprofessional

THE FOLLOWING PROCEDURE MUST BE FOLLOWED WHEN SUBMITTING TIMESHEETS:

The period of the **first through the fifteenth must arrive** in the Payroll Dept. **2 working days after the 15th**. The period of the **sixteenth through the end of the month must arrive** in the Payroll Dept. **on the 2nd working day of the following month.**

DATE	PERIODS WORKED				# OF PER	BLDG.	NAME OF TEACHER COVERING FOR	
	A.M.		LUNCH	P.M.				
	FROM	TO		FROM				TO

TOTAL NUMBER OF PERIODS _____ X RATE OF \$ _____ = \$ _____

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE IS A TRUE RECORD OF SERVICE RENDERED BY THE EMPLOYEE WHOSE NAME APPEARS ABOVE AND WHOSE SIGNATURE IS AFFIXED, AND THAT THE SERVICE RENDERED WAS IN ACCORDANCE WITH PRIOR AUTHORIZATION.

(Signature of Employee)

DATE _____

CERTIFIED BY: (Signature of Administrator)

DATE _____