

TIME STUDY ASSURANCE STATEMENT

SECTION I.

The attached information is an accurate reflection of the work that I performed and the students I served during this period.

Signature

Date

Print Name

SECTION II.

This section is to be used if a special education staff member leaves with little or no notice, a time study should be prepared by the substitute who replaces him/her or his/her supervisor as soon as possible. In this situation, the special education member should sign here instead of Section I and give an explanation of the situation in the box below.

The attached information is an accurate reflection of the work that was performed and the students served during this period to the best of my knowledge.

Signature

Date

Print Name

Please explain the situation in the space below:

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