TRUMBULL PUBLIC SCHOOLS

EFFECTIVE 7/24/09

TIME SHEET

EFFECTIVE 7/24/09

BOARD OF EDUCATION

Name_____School/Office _____

Employee ID # _____Job Title _____

Account # _____Employee is substituting for :

☐ Certified Staff member

_____

A separate time sheet must be completed

☐ Non-Certified Staff member

for each individual you substitute for

Check one of the following:

☐ **T**raining ☐ Meeting ☐ Student contact time _____Other pre-approved additional hours _____

DATE	TIME IN	TIME OUT	NUMBER OF HOURS

TOTAL # HRS _____

Signature of Employee_____ Date _____

Signature of Administrator
Indicates Pre-Approval _____ Date _____

Blue = Equalized Pay (Paraprofessionals, Health Aides, OT/PT)
Yellow = Part-time (Paraprofessionals, Health Aides, Cafeteria Aides, OT/PT)
White = Tutors, Extended School Year, Extra Hours that have been Pre-Approved for any Employee
Pink = Continuing Ed, Adult Ed, Summer Explorations, Drivers Ed