

PARA Substitute Special Education Differential

Monroe Township Board of Education
Time Sheet

PRINT NAME:

ID NUMBER:

MONTH:

SCHOOL:

Indicate Class, Time In/Out, & Total Hours for Each Applicable Day

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31									

Total HOURS:

Rate: \$2.25 =

I certify that the above is correct:

Employee's Signature

Date

Principal & Date

Asst. Superintendent & Date