PERSONNEL 03.121 AP 23

CERTIFICATION OF TIME

PAYROLL FORM

Name of Employee				Employee Number Professional Development					
DATE	START TIME AM PM	ENDING TIME AM PM	CLASSIFIED NUMBER OF HOURS WORKED CERTIFIED NUMBER OF DAYS WORKED	ALL SUBSTITUTES: LIST LAST NAME FOR WHOM SUBBING AND SCHOOL FOR EACH DAY COACHING PARAPROFESSIONALS: LIST SPORT	SUBSTITUTES ONLY: PRINCIPAL/ DESIGNEE MUST INITIAL EACH DAY	ORG CODE	OBJECT CODE	PROJECT CODE	PAY RATE
		Worked (Instruc	tional Assistan		l Days Worked (Substitute	Teacher) Co	aching Duties Comp		pt. 15 ec. 15 ar. 15 ay 15
Employee Signat	ture			Program Su	pervisor				