

# MONROE TOWNSHIP SCHOOL DISTRICT

## PAYROLL TIMESHEET – PARA SUBSTITUTE FOR SPECIAL EDUCATION DIFFERENTIAL

Print Name:	Employee #:
School:	Month/Year:

**INDICATE CLASS, TIME IN/OUT, AND 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 \$2.00 = Total Amount** \_\_\_\_\_

**I certify that the above is correct:**

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**

**Administrative Approval:**

\_\_\_\_\_  
**Principal/Date**

\_\_\_\_\_  
**Asst. Superintendent/Date**