

CASUAL YARD/ LUNCH SUPERVISOR TIMESHEET Special Education

One Wee	k Pay Period	d: From	(Sunday)	To: (Saturday)		
Full Name:				ID #		
.ocation:						
Authorized School Signature / Date				Employee Signature		
		RECORD IN 5	MINUTE INCR	EMENTS (ie 11:	35am, 12:50pm)	
Day	Date	Start Time (AM)	End Time (AM)	Start Time (PM)	End Time (PM)	Daily Total
Mon						
Tue						
Wed						
Thu						
Fri						
т					OTAL HOURS	
This so	ation MUI	OT he semente	tad famali aa			
		-			s or the timesn	neet will be returned.
		FIED TEACHER		YES		
IF YES , MY ONTARIO COLLEGE OF TEACHER'S # IS:						
		BELOW T	HIS LINE IS	BOARD OF	FICE USE ONL	_Y
YARD/ LUNCH SUPERVISOR				0301 - 21- 301 - 121 680		
LILLO DOTOT OOT LICTIOOK				0301	- 41 - 301 - 1	000

Pay Date: