

# South Valley Multi-District Special Education

PO Box 100 - Hankinson, ND 58041 - Fax #701-242-8202  
TIME SHEET

Send to  
Office by the  
16<sup>th</sup> of each month

Employee Name \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Date	<AM>		<PM>		Other/Comments	Total Hour/Day
	Time In	Out	Time In	Out		
(M)						
(T)						
(W)						
(T)						
(F)						
(M)						
(T)						
(W)						
(T)						
(F)						
(M)						
(T)						
(W)						
(T)						
(F)						
(M)						
(T)						
(W)						
(T)						
(F)						
(M)						
(T)						
(W)						
(T)						
(F)						

Paraeducator Signature \_\_\_\_\_  
 Supervisor Signature \_\_\_\_\_  
 Administrator Signature \_\_\_\_\_

Regular Hours \_\_\_\_\_  
 Other \_\_\_\_\_  
 Total Hours \_\_\_\_\_

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Employee Name \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

	<AM>	<PM>		
Date	Route	Route	Other/Comments	Total Miles/Day
(M)				
(T)				
(W)				
(T)				
(F)				
(M)				
(T)				
(W)				
(T)				
(F)				
(M)				
(T)				
(W)				
(T)				
(F)				
(M)				
(T)				
(W)				
(T)				
(F)				
(M)				
(T)				
(W)				
(T)				
(F)				

Driver's Signature \_\_\_\_\_  
Approval \_\_\_\_\_

Total Miles \_\_\_\_\_  
Other \_\_\_\_\_  
Total Hours @ 40 mph \_\_\_\_\_

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## TIME SHEET

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### JOB SAMPLING

(Print)

Student Name: \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

<AM>

<PM>

Date	Time In	Out	Time In	Out	Other/Comments	Total Hour/Day
(M)						
(T)						
(W)						
(T)						
(F)						
(M)						
(T)						
(W)						
(T)						
(F)						
(M)						
(T)						
(W)						
(T)						
(F)						
(M)						
(T)						
(W)						
(T)						
(F)						
(M)						
(T)						
(W)						
(T)						
(F)						

STUDENT SIGNATURE \_\_\_\_\_

TEACHER SIGNATURE \_\_\_\_\_

Regular Hours \_\_\_\_\_

Other \_\_\_\_\_

Total Hours \_\_\_\_\_

(STIPEND \$1.00/HOUR) \_\_\_\_\_