

AFTER SCHOOL

Teacher: _____

Social Security Number: _____ - _____ - _____

School: _____

Pay Period: _____ / _____ / _____ to _____ / _____ / _____

DAY	DATE	PREP TIME	INSTRUCTIONAL TIME	TOTAL HOURS
MON				
TUES				
WEDS				
THURS				
FRIN				
MON				
TUES				
WEDS				
THURS				
FRI				

GRAND TOTAL HOURS: _____

I hereby certify that this report is a true and accurate statement of the actual hours worked by me on each of the above listed dates:

EMPLOYEE SIGNATURE: _____

TO BE COMPLETED BY PRINCIPAL:

I hereby certify that this report is a true and accurate statement of the actual hours worked by the employee to the best of my knowledge and belief.

PRINCIPAL'S SIGNATURE _____

Office Use Only:

HOURS	RATE	TOTAL	
_____	_____	_____	Account: _____
_____	_____	_____	Account: _____