

MOHAWK LOCAL SCHOOLS
PARAPROFESSIONAL TIME SHEET

TOTAL DAYS _____

RATE OF PAY \$ _____ BUILDING _____

GROSS PAY \$ _____

EMPLOYEE NAME: _____

EMPLOYEE STREET ADDRESS: _____

CITY: _____

SOCIAL SECURITY NUMBER: _____
REQUIRED

WEEK # 1	MM/DD/YY	SUBSTITUTING FOR: (NAME)	DAY (1/2 OR 1)
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
TOTAL			

WEEK # 2	MM/DD/YY	SUBSTITUTING FOR: (NAME)	DAY (1/2 OR 1)
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
TOTAL			

SUPERVISOR'S SIGNATURE

EMPLOYEE'S SIGNATURE