



## EDUCATIONAL SUPPORT TIME SHEET

EMPLOYEE NAME: \_\_\_\_\_

CAMPUS: \_\_\_\_\_

*Please list students or activity supporting the time documented below:*

**ACTIVITY & DATE:**

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINCIPAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Principal must check appropriate box for payroll coding.

- |          |  |                           |
|----------|--|---------------------------|
| PROGRAM: | <input type="checkbox"/> Title I       | 211-11-6119-00-XXX-924000 |
|          | <input type="checkbox"/> STATE COMP ED | 199-11-6119-00-XXX-924000 |
|          | <input type="checkbox"/> SPECIAL ED    | 199-11-6119-00-XXX-923000 |
|          | <input type="checkbox"/> COMP TIME     |                           |