

PARAPROFESSIONAL SUBSTITUTE TIME SHEET

Employee's Name (Please Print) _____

DATE	Name of the Paraprofessional that you are Substituting for <u>and the District/School</u>	Do you have a valid Substitute Teacher License - if yes, check box	TIME IN	TIME OUT	LUNCH ON/OFF DUTY	Total Hours per day
		<input type="checkbox"/>			On / Off	
		<input type="checkbox"/>			On / Off	
		<input type="checkbox"/>			On / Off	
		<input type="checkbox"/>			On / Off	
		<input type="checkbox"/>			On / Off	
		<input type="checkbox"/>			On / Off	
		<input type="checkbox"/>			On / Off	
		<input type="checkbox"/>			On / Off	
		<input type="checkbox"/>			On / Off	
		<input type="checkbox"/>			On / Off	
		<input type="checkbox"/>			On / Off	
		<input type="checkbox"/>			On / Off	
		<input type="checkbox"/>			On / Off	
		<input type="checkbox"/>			On / Off	
		<input type="checkbox"/>			On / Off	
	TOTAL HOURS WORKED					

_____/_____/_____
Employee's Signature Date Supervisor's/Superintendent's Signature Date

Amy Buchtel - Payroll
Ohio Valley ESC
128 East 8th Street
Cambridge OH, 43725
Fax number (740) 439-5736
Phone (740) 439-3558 ext 4233
email: Amy.Buchtel@ovesc.org