

## HEALTH STIPEND (PARAPROFESSIONALS) TIME CARD

*East Granby Public Schools  
East Granby, Connecticut*  
**(Print on YELLOW paper)**

Week Start: \_\_\_\_\_ Week Ending: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

School: \_\_\_\_\_

H E A L T H  S T I P E N D	Para 1:1 para	Day	Date	Time In	Lunch	Time Out		Total Hrs.	Office Use
		Monday							
		Tuesday							
		Wednesday							
		Thursday							
		Friday							

Employees are responsible for the accuracy of their own time cards.

Grand Total 

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***This time record was made by me, and is correct:***

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of Teacher \_\_\_\_\_

Date \_\_\_\_\_

Administrator Signature \_\_\_\_\_

Date \_\_\_\_\_