CHOICE GRANT TIME CARD

East Granby Public Schools East Granby, Connecticut

(Print on Pink paper)

| Week Start: | | | | _ w | eek Ending: | | | | |
|---|--|-----------|-------------|----------|------------------|----------|--|------------|------------|
| Employee Name: | | | | | Student Name: | | | | |
| Allgrove Seymour Middle High Off-Site | Custodian Lunch aide Para Secretary 1:1 para | Day | Date | Time In | Lunch | Time Out | Other Hrs. Sick Personal Vacation Holiday | Total Hrs. | Office Use |
| School: | | | | | | | | | |
| School: | | Monday | | | | | | | |
| School: | | · Tuesday | | | | | | | |
| School: | | | | | | | | | |
| School: | | Wednesday | | | | | | | |
| School: | | | | | | | | | |
| School: | | Thursday | | | | | | | |
| School: | | | | | | | | | |
| School: | | Friday | | | | | | | |
| School: | | | | | | | | | |
| School: | | Saturday | | | | | | | |
| School: | | Sunday | | | | | | | |
| Employees are responsible for the accuracy of their own time cards. | | | | | | | Total Hrs. Worked Total Other Hrs. Grand | | |
| This time r | ecord was | made by m | e, and is o | correct: | | | Total | | |
| Employee Signature | | | | | | | Date | | |
| Signature of Teacher (if applicable) | | | | | | | Date | | |
| Administrator Signature | | | | | | | Date | | |
| Maintenance (if applicable) | _ | | | | | | Date | | |