Please check appropriate time sheet

☐ **Supplemental Bi-Weekly**

☐ **Supplemental Monthly**

☐ **Lunch Room Monitor**

12/17/2008

GRAND PRAIRIE INDEPENDENT SCHOOL DISTRICT

PAY TIME SHEET

LEGAL EMPLOYEE NAME: _____ SS#: _____

PRINT NAME

PRE-APPROVAL ACTIVITY:_____ CAMPUS/DEPT._____

LIST BELOW:

DATES WORK	DAY OF WEEK	TIME IN	TIME OUT	TOTAL HOURS/DAYS

TOTAL HOURS/DAYS	
RATE OF PAY	
TOTAL AMOUNT EARNED	

Authorized by Superintendent	Daily Rate
Leader/Supervisor	$30.00 per hr
Professional	$25.00 per hr
Paraprofessional	$15.00 per hr
Auxiliary/Student	$ 7.50 per hr

BUDGET CODE:_____

I certify the above to be a true and accurate record of time worked during the recorded period.

_____

Employee's Legal Signature Date

I certify the approval of the stated Fund/Budget for above expenditures.

_____

Supervisor's Legal Printed Name Supervisor's Signature Date