

South Valley Multi-District Special Education

PO Box 100 Hankinson, ND 58041

PARA TIME SHEET

Email to the
office by the
16th of each month

NAME _____ **Month** _____ **Year** _____

| Date | AM – IN | OUT | PM – IN | OUT | Other/Comments | Total Hours |
|------|---------|-----|---------|-----|----------------|-------------|
| (M) | | | | | | |
| (T) | | | | | | |
| (W) | | | | | | |
| (T) | | | | | | |
| (F) | | | | | | |
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| (M) | | | | | | |
| (T) | | | | | | |
| (W) | | | | | | |
| (T) | | | | | | |
| (F) | | | | | | |
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| (M) | | | | | | |
| (T) | | | | | | |
| (W) | | | | | | |
| (T) | | | | | | |
| (F) | | | | | | |
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| (M) | | | | | | |
| (T) | | | | | | |
| (W) | | | | | | |
| (T) | | | | | | |
| (F) | | | | | | |
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| (M) | | | | | | |
| (T) | | | | | | |
| (W) | | | | | | |
| (T) | | | | | | |
| (F) | | | | | | |
| | | | | | | |

SIGNATURE _____

TOTAL HOURS _____

TOTAL _____

APPROVAL _____