

**PELHAM SCHOOL DISTRICT  
TIME SHEET FOR SPECIAL ED WORK**

Name \_\_\_\_\_

*All hours should be submitted within 15 days of work. Deduct for lunch break*

|    | DATE | BRIEF DESCRIPTION | FROM | TO | TOTAL HOURS |
|----|------|-------------------|------|----|-------------|
| 1  |      |                   |      |    |             |
| 2  |      |                   |      |    |             |
| 3  |      |                   |      |    |             |
| 4  |      |                   |      |    |             |
| 5  |      |                   |      |    |             |
| 6  |      |                   |      |    |             |
| 7  |      |                   |      |    |             |
| 8  |      |                   |      |    |             |
| 9  |      |                   |      |    |             |
| 10 |      |                   |      |    |             |
| 11 |      |                   |      |    |             |
| 12 |      |                   |      |    |             |
| 13 |      |                   |      |    |             |
| 14 |      |                   |      |    |             |
| 15 |      |                   |      |    |             |

GRAND TOTAL HRS \_\_\_\_\_

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

\_\_\_\_\_  
Building

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Mrs Matthews, Asst Superintendent

*Business Office Use Only*

Date rec'd \_\_\_\_\_

Date Paid \_\_\_\_\_

Acct Code \_\_\_\_\_

**\* Any Special Ed related work must be routed to that department for add'l signature by Mrs. Rosemary Matthews**