

Monthly Time Sheet Credit Recovery

Employee Name: _____ Month Ending: _____

Last 4 Digits SS #: _____ School: _____

Date of Service	Time (From-To)	Total Time	Students Served (Attach Student Sign In Sheet)

Total Instructional Time: _____ Total Amount Paid: _____

I do solemnly swear that the information furnished above is true and correct to the best of my knowledge.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Funding Source: 20 Day Money

If Classified Employee, normal # hours worked per day: _____