	NAME OF E	MPLOYEE									
									Begin Date:		
		SCHOOL							End Date:		
		DOCITION						T .	VDE OE ENADI OVNAENT.	CUECK ONE	
	POSITION GRADE LEVEL SPECIAL ED							<u> </u>	<u>PE OF EMPLOYMENT:</u> HOMEBOUND	CHECK ONE	
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									ACTUAL HOURS WORKED	APPROVED OVERTIME	
	Days of Week Saturday	Date	In	Out	In	Out	In	Out	WORKED	OVERTIME	
	Sunday										
$\overline{}$	Monday										
Week I	Tuesday										
	Wednesday										
>	Thursday										
	Friday										
		l	Total Hours:								
Week 2	Days of Week	Date	In	Out	In	Out	In	Out	ACTUAL HOURS WORKED	APPROVED OVERTIME	
	Saturday		Τ								
	Sunday										
	Monday										
	Tuesday										
	Wednesday										
>	Thursday										
	Friday										
		- !	Total Hours:								
		ACTUAL HOURS APPROVED									
	Days of Week	Date	In	Out	In	Out	In	Out	WORKED	OVERTIME	
	Saturday										
Week 3	Sunday										
	Monday										
	Tuesday										
	Wednesday										
	Thursday										
	Friday										
			Total Hours:								
									ACTUAL HOURS	APPROVED	
Week 4	Days of Week	Date	In	Out	In	Out	In	Out	WORKED	OVERTIME	
	Saturday										
	Sunday										
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ee	Tuesday										
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Em	ployee Signature	e:					DA	TE:			
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Prir	ncipal's Signature	e:					DA	TE:			