CONTRACTOR TIMESHEET

Vendor Name: **SOCIAL SERVICE CONSULTANTS**_____

Employee Name: _____

Position Title: TE_____

School Name: _____

Period of Service: **From:** _____ **To:**_____

Day of the Week	Date	Service Provided	Sign In (start time)	Initials (School Admin.)	Time Out (end time)	Initials (School Admin.)	Lunch Break (duration in minutes	Total hours worked (exclude lunch)
		TE						
		TE						
		TE						
		TE						
		TE						
Total								

WE CERTIFY THAT THESE HOURS ARE TRUE AND WERE WORKED AS SHOWN.

Employee:		
Print:	**Sign:**	**Date:**
School Admin. Signature:		
Print:	**Sign:**	**Date:**

Please Note:

- Executive Director of Special Education approval must be provided for any overtime. Attach proof of approval to this timesheet.
- **The employee must submit this signed timesheet and any supporting documentation to the administrator and to their employer.** The school scans a copy of the timesheet into the Google folder.