

Dawson Springs Independent School
118 E. Arcadia Avenue
Dawson Springs, KY 42408
(270) 797-3811

Para Coach
Time Sheet

month/year

Employee Name:

Title:

DATE	ACTIVITY	TIME IN/OUT	HOURS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

TOTAL HOURS _____

This document will be used as a record of your work schedule/hours for District payroll and will remain on file in the Central Office. This form must be signed by you and submitted to your immediate supervisor by the next day following the end of each month.

Employee Signature

Date

Supervisor Signature

Date