

Weekly Time Sheet

"BLUE PEN ONLY"

Week beginning _____ Week Ending _____
 ____/____/____ - ____/____/____

Employee Name: _____

Student Name: _____

Student GFSP ID #: _____

School Name: _____

District #: _____

***Codes: A – Student Absent C – School closed PA – Para Absent**

Day	Date	Time in	Time out	Break in	Break out	Total hrs. Worked (Exclude break time)	*Code
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							

*Please note when inputting your total hours per day, please exclude the break time

Total Hrs. _____

I hereby certify that I have provided related services on the dates and for the duration indicated herein. I understand that when completed and filed, this form becomes a record of the NYC Department of Education and that any material misrepresentation may subject me to criminal, civil, and/or administrative action.

*Please note all fields must be filled for payroll processing

Employee signature

Date

Principal signature

Date

