

BELLEFONTE AREA SCHOOL DISTRICT

Writing of IEP,GIEP, ER, GR, RR - Time Sheet

\$32.00 per hour

Timesheet Due Biweekly

NAME: _____

Student Name	Grade	Building	INDICATE		Date Written	Started AM/PM	Stopped AM/PM	Minutes Worked
			IEP, GEIP	ER, GR, RR				
Total Hours Worked								-

EMPLOYEE SIGNATURE (No Electronic Signatures)

Date

PRINCIPAL SIGNATURE

Date

DIRECTOR OF SPECIAL EDUCATION

Date

**This form must be signed by both the employee and the Director of Special Education for payroll processing.
This form must be completed in INK. White-out (correction fluid) is not permitted.**

Please fill in each line separately with total minutes worked, the time sheet will calculate the total hours.