

**TROY SCHOOL DISTRICT  
TROY CONTINUING EDUCATION**

<b>PROGRAM</b>	
(CHECK OFF <i>ONLY ONE BOX</i> PER TIME SHEET)	
ESL (Free Classes)	_____
ESL (Tuition Classes)	_____
CAREER NAVIGATOR	_____
ABE/HSC/HSE LAB	_____
“DAY STUDENT” LAB	_____
SUPERVISE/COUNSEL	_____
PARA PROFESSIONAL	_____

Employee Name: \_\_\_\_\_

Pay Period Ending: \_\_\_\_\_ Check Date: \_\_\_\_\_

<u>FUNDING SOURCE</u>	<u>DATE</u>	<u>DAY</u>	<u>ACTIVITY</u>	<u>START TIME</u>	<u>END TIME</u>	<u>PREP TIME</u>	<u>TOTAL HOURS</u>
		Monday					
		Tuesday					
		Wednesday					
		Thursday					
		Friday					
		Saturday					
<b>TOTAL HOURS</b>							

<u>FUNDING SOURCE</u>	<u>DATE</u>	<u>DAY</u>	<u>ACTIVITY</u>	<u>START TIME</u>	<u>END TIME</u>	<u>PREP TIME</u>	<u>TOTAL HOURS</u>
		Monday					
		Tuesday					
		Wednesday					
		Thursday					
		Friday					
		Saturday					
<b>TOTAL HOURS</b>							
<b>TOTAL HOURS FOR TWO WEEK PERIOD</b>							

Employee Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Employee Number: \_ \_ \_ \_ \_