



Name of School: **ENTER SCHOOL NAME HERE**

Name of Vendor: **POSITIVE DIRECTIONS II, LLC**

For the Period Ending: **ENTER PAY PERIOD END DATE**

Name of Vendor's Employee: **YOUR NAME HERE**

If you are a substitute, please indicate who you are substituting for: **EMPLOYEE NAME YOU ARE COVERING FOR HERE**

Date	Name of Service Provide	Time In	Sign Out Lunch	Return From Lunch	Sign Out Time	Total Hours Per day	Principal / A.P. Daily Signature Verification
8/31/2020	Elementary Counselor	8:00	11:00	11:30	3:30	7	
9/1/2020	Elementary Counselor	8:00	11:00	11:30	3:30	7	
9/2/2020	Elementary Counselor	8:00	11:00	11:30	3:30	7	
9/3/2020	Elementary Counselor	8:00	11:00	11:30	3:30	7	
9/4/2020	CLOSED	-	-	-	-	0	
9/7/2020	CLOSED - LABOR DAY	-	-	-	-	0	
9/8/2020	Elementary Counselor	8:00	11:00	11:30	3:30	7	
9/9/2020	Elementary Counselor	8:00	11:00	11:30	3:30	7	
9/10/2020	Elementary Counselor	8:00	11:00	11:30	3:30	7	
9/11/2020	Elementary Counselor	8:00	11:00	11:30	3:30	7	

TOTAL HOURS WORKED: 56

**PRINCIPAL SIGNS HERE**  
 \_\_\_\_\_  
 Principal's Signature / Date

**SHEREE SIGNS HERE**  
 \_\_\_\_\_  
 Vendor's Signature / Date