

Service Time Log for Christina School District 12 – 13 SY

Period Covered: _____ **ENTER PAY PERIOD** _____

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

P.O. # _____ **YOUR NAME HERE**

Date	Hours	Service Type
03/29/11	6	Elementary Guidance Counselor
TOTAL	6	

_____ **Principal Sign Here** _____
 Principal's signature
 School: _____

_____ **Sheree's Signature** _____
 Vendor's signature
 Date: _____