



Name of School: **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: **EMPLOYEES NAME YOU ARE COVERING HERE**

Date	Name of Service Provide	Time In	Sign Out Lunch	Return From Lunch	Sign Out Time	Total Hours Per Day	Verification
8/20/2018	Summer Break	-	-	-	-	0	
8/21/2018	Summer Break	-	-	-	-	0	
8/22/2018	Summer Break	-	-	-	-	0	
8/23/2018	Summer Break	-	-	-	-	0	
8/24/2018	Summer Break	-	-	-	-	0	
8/27/2018	Student Support, Behavior Interventionist, ISS, or Hall Monitor	8:15	12:00	12:30	3:45	7	
8/28/2018	Student Support, Behavior Interventionist, ISS, or Hall Monitor	8:15	12:00	12:30	3:45	7	
8/29/2018	Student Support, Behavior Interventionist, ISS, or Hall Monitor	8:15	12:00	12:30	3:45	7	
8/30/2018	Student Support, Behavior Interventionist, ISS, or Hall Monitor	8:15	12:00	12:30	3:45	7	
8/31/2018	Student Support, Behavior Interventionist, ISS, or Hall Monitor	8:15	12:00	12:30	3:45	7	

Total Hours Worked

35

**PRINCIPAL SIGNS HERE**

Principal's Signature / Date

**SHEREE SIGNS HERE**

Vendor's Signature / Date