



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:

Date	Name of Service Provide	Time In	Sign Out Lunch	Return From Lunch	Sign Out Time	Total Hous Per day	Principal / A.P. Daily Signature Verification
8/31/2020	Student Support, Behavior Interventionist, ISS, or Hall Monitor	8:00	11:00	11:30	3:30	7	
9/1/2020	Student Support, Behavior Interventionist, ISS, or Hall Monitor	8:00	11:00	11:30	3:30	7	
9/2/2020	Student Support, Behavior Interventionist, ISS, or Hall Monitor	8:00	11:00	11:30	3:30	7	
9/3/2020	Student Support, Behavior Interventionist, ISS, or Hall Monitor	8:00	11:00	11:30	3:30	7	
9/4/2020	CLOSED	-	-	-	-	0	
9/7/2020	CLOSED - LABOR DAY	-	-	-	-	0	
9/8/2020	Student Support, Behavior Interventionist, ISS, or Hall Monitor	8:00	11:00	11:30	3:30	7	
9/9/2020	Student Support, Behavior Interventionist, ISS, or Hall Monitor	8:00	11:00	11:30	3:30	7	
9/10/2020	Student Support, Behavior Interventionist, ISS, or Hall Monitor	8:00	11:00	11:30	3:30	7	
9/11/2020	Student Support, Behavior Interventionist, ISS, or Hall Monitor	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