

Top 10 Critical Information Sheet

Timesheets:

Employee FULL Name (Not nickname)
Occupation – *Teacher or Instructional Aide ONLY*
Certified or Classified (Check one)
Check Hourly for Teachers and Rate: \$XX
Pay Period Dates – can be current week or pay period
Current Week: Dates, Times, Total Hours
Document Class/Teacher if subbing
Employee signature and date
ACHIEVE/School site
Site Coordinator **must** sign

Attendance:

Class Name (Matches the Program Schedule and Staffing Plan)
Hours (2:35 – 3:35)
School Site
Teachers (List all teachers and specific days)
Dates (Per weekly basis)
Denote Class/Activity takes place (After/Before/Summer (N/A))
List student full names and grade level
Document attendance for each day of class
Note any volunteers or staff working with this class and days
Note any substitute for the class/days

Time and Effort Logs:

Employee FULL Name (Not nickname)
Grant Name and Number (we will provide)
Location is the school site
Pay period dates (two weeks)
Date of classes (two weeks)
Specific Job (Teacher or Instructional Aide)
Class Taught (Currently the "Location" column) write class name
Total Hours (hours **actually** worked)
Comments - note substitutes or any other changes
Employee & Site Coordinator **MUST** sign & date *after the fact*
(Site Coordinator Time and Effort Logs are signed by district supervisor)

Fill out all documents in Black or Blue ink only

TIME & EFFORT LOG (FOR EACH GRANT)

NAME:		Mrs. Good Teacher		Grant #1 Name:	21st CCLC - Cycle X
Location:		Great School		Pay Period ending date:	2/18/13-3/1/13
DATE	SPECIALTY JOB PERFORMED (Social Worker, admin functions, etc)	LOCATION (If other than main location)	TOTAL HOURS GRANT #1	Comments	TOTAL HOURS
2/18/2013	Teacher	Room A	2		2
2/19/2013	Teacher	Room B	2		2
2/20/2013	Teacher	Room A	2		2
2/21/2013	Teacher		0		
2/22/2013	Teacher		0		
2/25/2013	Teacher	Room A	2		2
2/26/2013	Teacher	Room B	2		2
2/27/2013	Teacher	Room A	2		2
2/28/2013	Teacher	Room C	1		1
3/1/2013	Teacher	Room C	1		1
			14	0	14
Mrs. Good Teacher 3/1/13		Mary. Supervisor 3/7/13		Supervisor Signature / Date	
Employee Signature / Date					

AMPHITHEATER PUBLIC SCHOOLS TIMESHEET

Certified
Classified

Employee Mrs. Good Teacher
 Hourly / Daily Rate: \$XX

Occupation Tutor
Shift Worked: _____ a.m. p.m. to _____ a.m. p.m.

Pay Period Dates: Beginning 2/18/13 Ending 3/1/13

Social Security No. (Subs ONLY)
_____ - _____ - _____

CORRECTIVE WEEK

DATE								PAYROLL USE ONLY
DAY	SUN	MON	TUE	WED	THU	FRI	SAT	
START								
OUT LUNCH IN								
END								
ADJ.								
TOTAL HOURS								

Shift Differential _____ hours @ \$ _____

CURRENT WEEK

DATE		2/18/13	2/19/13	2/20/13				PAYROLL USE ONLY
DAY	SUN	MON	TUE	WED	THU	FRI	SAT	
START		3:00	3:00	3:00				
OUT LUNCH IN								
END		5:00	5:00	5:00				
ADJ.								
TOTAL HOURS		2.0	2.0	2.0				

Shift Differential 6.0 hours @ \$XX

PROJECTED WEEK

DATE								PAYROLL USE ONLY
DAY	SUN	MON	TUE	WED	THU	FRI	SAT	
START								
OUT LUNCH IN								
END								
ADJ.								
TOTAL HOURS								

Shift Differential _____ hours @ \$ _____

LEAVE CODES	
S	Sick Leave (No less than ¼ hr. increments)
FS	Family Illness
FD	Family Death
IA	Industrial Accident
PL	Personal Leave (No less than ½ hour increments)
EL	Emergency Leave
V	Vacation (No less than ½ Day increments)
H	Holiday with pay
UH	Holiday w/o pay
R	Religious Leave w/pay
UR	Religious Leave w/o pay
J	Jury Duty
PRL	Professional Leave (paid)
EX	Excused (no pay)
L	Leave w/o pay
X	Unexcused (no pay)
MI	Military Leave

FOR PAYROLL USE ONLY	
_____	Regular Hours
_____	Extra Hours
_____	Shift
_____	Overtime
_____	FLSA
_____	Dock / Other
_____	TOTAL

As the Employee, I hereby certify that the above hours accurately reflect the time worked during this pay period. As the Employee, I certify I have not worked any additional or overtime hours which have not been reported. As the Supervisor, I hereby certify that, to the best of my knowledge, this timesheet is correct. Any falsification of time records is a felony (over statement/under statement), and subject to disciplinary action which could include termination.

Employee Signature: Mrs. Good Teacher Date: 2/20/13

Department/School: Great School/ACHIEVE Supervisor Signature: Mrs. Supervisor

**GOVERNING BOARD
MEMBERS**

Diana L. Boros, President
Susan Zibrat, Vice President
Kent Paul Barrabee, Ph.D.
Jeff Grant
Linda Loomis, Ph.D.

SUPERINTENDENT
Patrick Nelson

21ST CENTURY

ACHIEVE
PROJECT



GROUP/CLASS

ATTENDANCE

Class/Activity: Grades 3 to 5 Drama Club – Enrichment – Room A

Hours: 3:00 to 5:00 School: Great School

Teacher(s): Mrs. Good Teacher

Dates: February 18th -22nd

Class/Activity takes place: After School

STUDENTS ATTENDING ACTIVITY

Please enter a "P" for present, an "A" for absent, or a "T" for tardy on the lines provided. If a student is not in your class, please put a line through their name. Also add students enrolled in your class, but missing from the attendance sheet.

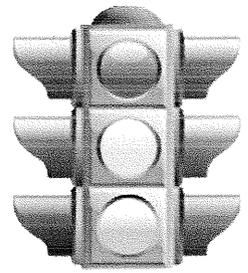
Last Name	First Name	Teacher	Grade level	M 2/18	TU	W 2/20	TH	F
	Arlet	Valenzuela	5	P		P		
	Beatriz	Valenzuela	5	P		P		
	Anthony	Merrill	3	P		P		
	Brittany	Frodge	5	P		P		
	Ayleen	Valenzuela	5	P		P		
	Xiomara	Merrill	3	P		P		
	Alondra	Valenzuela	5	P		P		
	Wendy	Berry-Kelley	3	P		P		
	Vania	Lopez	5	A		P		
	Daniel	Valenzuela	5	P		P		
	Stephanie	Loussou-Lassavi	4	P		P		
	Jenny	Valenzuela	5	P		P		
	Karen	Valenzuela	5	P		P		
	Danielle	Lopez	5	P		P		
	Stepanie	Valenzuela	5	P		P		
	Sarahi	Gibbs	3	P		A		
	Alessandro	Valenzuela	5	P		P		
	Alora	Taylor-Stevens	4	P		P		
	Melanie	Berry-Kelley	3	P		P		
	Roxanna	Frodge	5	P		P		
	Sonia	Berry-Kelley	3	P		P		
	Silvana	Taylor-Stevens	4	P		P		

Assisting Staff/Volunteers

Name	Hrs Per Week	Staff/Vol Type

NOTES:

Traffic Light



1. What knowledge did you gain that you will take back to your school site(s)?
2. What will be your next step(s) to ensure proper data collection and alignment at your school site(s)/district?
3. What changes will need to be made (if any) and how will you get them in place?
4. Is there any information that is still unclear?

Additional Comments:

Thank you!