

**LONGVIEW INDEPENDENT SCHOOL DISTRICT
PARA PROFESSIONAL SUPPLEMENTAL TIME RECORD**

Legal Name _____ **Month Of:** _____
 Address _____
 Social Sec # _____ **Event:** _____
 Employee # _____ Regular Payroll: Teacher _____ Caf  _____ Custodian _____ Bus _____ Sub _____

Date	Normal Assigned Hours		Lunch		Total Normal Hours	Supplimental Duties		Total Supplimental Hours	Service Provided
	In	Out	In	Out	Time	In	Out	Time	

Total Hrs/Days					Budget Code:
Rate of Pay (Hr/Days)					
Total Amount Due Employee					

Employee's Signature / Date

Principal's Signature / Date

Director/Supervisor - Level Two / Date

Asst. Superintendent - Level Four (If applicable)

Assistant Supt. - Level Three / Date

Asst. Superintendent for Business / Date

Supplemental Time Records are to be received in the Business Office by the **5th of each month**. Submit **ORIGINAL COPIES ONLY**. Failure to complete this time record in detail will result in the return of the document for additional processing. In certain cases, the payment may be delayed by an additional month. PLEASE BE SURE THE DOCUMENT IS ACCURATE PRIOR TO SUBMISSION.