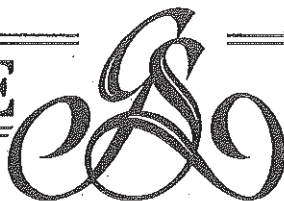


# GREENE & SULLIVAN



• SPECIAL EDUCATION COOPERATIVE •

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Sarah Sparks  
Director

NAME

ID#

SCHOOL \_\_\_\_\_ FOR PAY PERIOD ENDING \_\_\_\_\_

DATE	HOURS WORKED	COMMENTS

DATE	HOURS WORKED	COMMENTS

TOTAL HRS. \_\_\_\_\_

TOTAL HRS. \_\_\_\_\_

TOTAL HRS. FOR PAY PERIOD \_\_\_\_\_

SIGNATURE \_\_\_\_\_

VERIFICATION SIGNATURE \_\_\_\_\_  
TEACHER

CODE:  
S - SICK  
PB - PERSONAL BUSINESS  
W - WEATHER  
0 - NO PAY