

MINFORD LOCAL SCHOOL DISTRICT TEACHER'S AIDE REPORT

AIDE'S NAME: _____

STUDENT'S NAME: _____

SCHOOL BUILDING: _____

	<u>DATES WORKED</u>	<u>START TIME</u>	<u>END TIME</u>	<u>DAILY HOURS</u>	<u>MILEAGE</u>
MON.	_____	_____	_____	_____	_____
TUES.	_____	_____	_____	_____	_____
WED.	_____	_____	_____	_____	_____
THURS.	_____	_____	_____	_____	_____
FRI.	_____	_____	_____	_____	_____
MON.	_____	_____	_____	_____	_____
TUES.	_____	_____	_____	_____	_____
WED.	_____	_____	_____	_____	_____
THURS.	_____	_____	_____	_____	_____
FRI.	_____	_____	_____	_____	_____
Totals for Reimbursement :				_____	_____

I do hereby certify that the above are actual dates and instructional hours rendered to the student.

Signature : _____ Date : _____
(Teacher's Aide)

Signature : _____ Date : _____
(Teacher)

Return this original completed and signed form to:

Treasurer's Office
Minford Local School District

FOR OFFICE USE ONLY

Date rec'd : _____

Rec'd By : _____

Pd. Pay Dates: _____
