Revised 11/01/11

Parent Coordinator
Time Card

School: _____

Name of Program: _____

Name Of Parent: _____

Employee ID# 933-00- _____

Period: Begin: _____ End:_____

Date Worked	Times worked (example 3:00 – 5:00 P.M.)	Description of Activity Requiring Reimbursement	Total Hours Worked

Total Hours Worked: _____@$8.00 per hour = _____

Parent Signature: _____

Teacher Contact Signature: _____

Principal Signature: _____

Line Item: _____

Federal Funding Source: Title _____