

PARA-EDUCATOR REPORT
Regular Classroom Teacher Absent

Addendum E-1

(Pursuant to Article 10, Section D of the CSEA Bargaining Unit Agreement)

MONTH:	YEAR:
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Para-Educator Name:	Employee ID#:
Regular Teacher:	Worksite:

DATE(S) REGULAR TEACHER ABSENT FOR **"TWO (2) HOURS OR MORE"** DURING THE DAY WITH SUBSTITUTE:

Date:	Time Out:	Reason:	Verified:
Date:	Time Out:	Reason:	Verified:
Date:	Time Out:	Reason:	Verified:
Date:	Time Out:	Reason:	Verified:
Date:	Time Out:	Reason:	Verified:

TOTAL DAYS:	X \$25.00 = Total: \$
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DATE(S) REGULAR TEACHER ABSENT FOR **"TWO (2) HOURS OR MORE"** DURING THE DAY WITH TEACHER OF RECORD (TOR):

Date:	Time Out:	Reason:	Verified:	TOR:
Date:	Time Out:	Reason:	Verified:	TOR:
Date:	Time Out:	Reason:	Verified:	TOR:
Date:	Time Out:	Reason:	Verified:	TOR:
Date:	Time Out:	Reason:	Verified:	TOR:

TOTAL DAYS:	X \$50.00 = Total: \$
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DATE(S) REGULAR TEACHER ABSENT FOR **"LESS" THAN TWO (2) HOURS** DURING THE DAY:

Date:	Time Out:	Reason:	Verified:
Date:	Time Out:	Reason:	Verified:
Date:	Time Out:	Reason:	Verified:
Date:	Time Out:	Reason:	Verified:
Date:	Time Out:	Reason:	Verified:

TOTAL DAYS:	X \$15.00 = Total: \$
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GRAND TOTAL: \$

Employee Signature

Date

Supervisor's Signature

Date

<i>For Office Use Only:</i> Budget Code: _____ Date Submitted: _____ Verified By: _____ (10/06; 10/31/07; 6/19/17; 10/29/20)
