FRONTIER SCHOOL DIVISION

EDUCATIONAL ASSISTANTS

SCHOOL: ______________________

CONTACT PERSON: ______________________

APPROVED BY: ______________________

DATE: ______________________

TWO WEEK PERIOD:

FROM: ______________________

TO: ______________________

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PART ONE: PERMANENT AND TERM EDUCATIONAL ASSISTANTS

REVISION	EE # PAYROLL OFFICE USE	FULL NAME (PLEASE PRINT IN ALPHA ORDER)	STANDARD HOURS	ACTUAL HOURS		DATES AND EXPLANATION OF ABSENCE	PAID LEAVE HOURS		SICK HOURS INCLUDE FAMILY	
				1ST WK	2ND WK		1ST WK	2ND WK	1ST WK	2ND WK
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IN THE ACTUAL HOURS FOR EACH WEEK PLEASE INCLUDED IN THE ACTUAL HOURS WORKED (FIELD TRIPS AND PD DAYS THAT THE EA ATTENDED). IN THE PAID LEAVE HOURS FOR EACH WEEK PLEASE INCLUDED PAID LEAVE HOURS - BEREAVEMENT LEAVE, COMPASSIONATE LEAVE (INLCUDED RELATIONSHIP FOR BL AND CL IN EXPLANATION OF ABSENCE) CO-CURRICULAR, IN LIEU OF (INLCUDED WHICH HOLIDAY), PERSONAL, TRAVEL AND UNION BUSINESS AND STAT HOLIDAYS. ALL SICK HOURS INCLUDING SICK FAMILY SHOULD BE REPORTED IN SICK HOURS. DO NOT INCLUDED SUBSITUTE HOURS IN THE EA HOURS, USE SUBSTITUDE PAYROLL C REPORT. PLEASE NOTE PAID LEAVE AND SICK HOURS WILL ONLY BE PAID IF THE HAVE THE TIME OR MEET REQUIREMENTS FOR PAY.

PART TWO: EXTRA HOURS - LUNCH DUTY, BUS MONITOR, STAFF MEETINGS

REVISION	EE # PAYROLL OFFICE USE	FULL NAME (PLEASE PRINT IN ALPHA ORDER)	JOB DESCRIPTION AND ACCOUNT NUMBER	S	S	M	T	W	T	F	S	S	M	T	W	T	F	REG HRS	OT HRS	TOTAL HRS
				R	R	R	R	R	R	R	R	R	R	R	R	R	R			
				OT	OT	OT	OT	OT	OT	OT	OT	OT	OT	OT	OT	OT	OT			
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