

**PITTSFORD CENTRAL SCHOOLS  
 PARA REASSIGNED TO PARA COMPENSATION FORM (CBA 39-2)**

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

BUILDING: \_\_\_\_\_

SS#: XXX-XX- \_\_\_\_\_

\*Use the appropriate "Para Reassigned Compensation Chart" to the right to calculate REPORTED HOURS  
 Lunch and other non-assigned time is NOT included

JOB TITLE: \_\_\_\_\_

DAY	MONTH	DATE	TYPE OF WORK	REASSIGNED TO _____ (Staff Member's Name)	RATE	*REPORTED HOURS (See tables to the right)	COMMENTS
		1	Para Sub for Para		\$10/hour		
		2	Para Sub for Para		\$10/hour		
		3	Para Sub for Para		\$10/hour		
		4	Para Sub for Para		\$10/hour		
		5	Para Sub for Para		\$10/hour		
		6	Para Sub for Para		\$10/hour		
		7	Para Sub for Para		\$10/hour		
		8	Para Sub for Para		\$10/hour		
		9	Para Sub for Para		\$10/hour		
		10	Para Sub for Para		\$10/hour		
		11	Para Sub for Para		\$10/hour		
		12	Para Sub for Para		\$10/hour		
		13	Para Sub for Para		\$10/hour		
		14	Para Sub for Para		\$10/hour		
		15	Para Sub for Para		\$10/hour		
<b>TOTAL REPORTED HOURS</b>							

Less than 5 minutes over , round down  
 5 or more minutes over , round up

Minutes	Reported Hours	Periods Approx. 40min	Reported Hours
		0.5	0.33
15	0.25	1	0.67
30	0.5	1.5	1.00
45	0.75	2	1.33
60	1	2.5	1.67
75	1.25	3	2.00
90	1.5	3.5	2.33
105	1.75	4	2.67
120	2	4.5	3.00
135	2.25	5	3.33
150	2.5	5.5	3.67
165	2.75	6	4.00
180	3	6.5	4.33
195	3.25	7	4.67
210	3.5	7.5	5.00
225	3.75	8	5.33
240	4	8.5	5.67
255	4.25	9	6.00
270	4.5		
285	4.75		
300	5		
315	5.25		
330	5.5		
345	5.75		
360	6		
375	6.25		
390	6.5		

This is to certify that the above employee has worked as indicated and is entitled to wages at the contractual rate of pay.

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

(Please Destroy all old Employee Time Record Forms)

- This form must be submitted within 30 days of date of reassignment
- Please be sure required signatures are on this reassignment sheet when submitting to the payroll dept.

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JOB TITLE: \_\_\_\_\_

Less than 5 minutes over , round down  
 5 or more minutes over , round up

DAY	MONTH	DATE	TYPE OF WORK	REASSIGNED TO _____ (Staff Member's Name)	RATE	*REPORTED HOURS (See tables to the right)	COMMENTS
		16	Para Sub for Para		\$10/hour		
		17	Para Sub for Para		\$10/hour		
		18	Para Sub for Para		\$10/hour		
		19	Para Sub for Para		\$10/hour		
		20	Para Sub for Para		\$10/hour		
		21	Para Sub for Para		\$10/hour		
		22	Para Sub for Para		\$10/hour		
		23	Para Sub for Para		\$10/hour		
		24	Para Sub for Para		\$10/hour		
		25	Para Sub for Para		\$10/hour		
		26	Para Sub for Para		\$10/hour		
		27	Para Sub for Para		\$10/hour		
		28	Para Sub for Para		\$10/hour		
		29	Para Sub for Para		\$10/hour		
		30	Para Sub for Para		\$10/hour		
		31	Para Sub for Para		\$10/hour		

**TOTAL REPORTED HOURS**

Minutes	Reported Hours	Periods Approx. 40min	Reported Hours
15	0.25	0.5	0.33
30	0.5	1	0.67
45	0.75	1.5	1.00
60	1	2	1.33
75	1.25	2.5	1.67
90	1.5	3	2.00
105	1.75	3.5	2.33
120	2	4	2.67
135	2.25	4.5	3.00
150	2.5	5	3.33
165	2.75	5.5	3.67
180	3	6	4.00
195	3.25	6.5	4.33
210	3.5	7	4.67
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DATE: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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