

**SUB Healthcare Aide TRACKING SHEET**  
*(please return completed form to Carol Kraus, Central Office)*

**This sheet should be filled out by all Healthcare Aide Subs. Please be as accurate as possible as the information is reported to the State. One sheet can be used for an individual sub day or multiple sub days but should be sent to Carol Kraus every payday with whatever information is logged for the two week period. Should you have any questions about this form, contact the Special Education Office 248-823-5096.**

SUB NAME: \_\_\_\_\_

EMPLOYEE NUMBER: \_\_\_\_\_

PAY PERIOD ENDING: \_\_\_\_\_

DATE	BUILDING	NAME OF REGULAR AIDE	TIME STARTED	TIME FINISHED	DEDUCT LUNCH TIME	SPECIAL EDUCATION HOURS	LRE HOURS
<b>TOTALS</b>							