LUNCH TIME AIDES

LTA Week 1 Week 2 **Pay of: 10/23/2026**

		Emp #	[redacted]	B	RATE	Week 1	Week 2	Total	
HS		1607		80	12.52	15.00	15.00	30.00	$375.60
HS	TE	440		20	12.52	17.00	16.00	33.00	$413.16
EC	TG	1692		20	12.52	20.50	20.00	40.50	$507.06
EC	TG	1613		20	12.52	20.00	20.00	40.00	$500.80
EC		2021		20	12.52	0.00	4.50	4.50	$56.34
MS	TG	1863		50	12.52	15.00	9.00	24.00	$300.48
HS		1945		80	12.52	18.00	19.00	37.00	$463.24
MS	TG	1859		50	12.52	0.00	15.00	15.00	$187.80
								224.00	**$2,804.48**

3 No PSERS

EMPLOYEE TIME SHEET

LEHIGHTON AREA SCHOOL DISTRICT
Lehighton, Pennsylvania

This report is to be completed by employee and submitted by immediate supervisor to the Business Office for each two-week pay period.
Reports submitted the Monday following each pay day will be paid the following payday.

DATE	TIME		TIME OUT FOR LUNCH	NUMBER OF HOURS	BUILDING	POSITION
	FROM	TO				
9-28-2026	0930	1230		3	H.S.	lunchaide/ Hallmonitor.
9-29-26	0930	1230		3		
9-30-26	0930	1230		3		
10-1-26	0930	1230		3		
10-2-26.	0930	1230		3.		
			Week 1 Total	15.		
10-5-26	0930	1230		3.		
10-6-26	0950	1250		3		
10-7-26	0930	1230		3.		
10-8-26	0930	1230		3.		
10-9-26	0930	1230		3		
			Week 2 Total	15		
			TOTAL HOURS	30.		

Print Employee [redacted]

Employee Sig [redacted] Date: Oct 9, 2026

Certification of [redacted] Date: 10/13/26

Approved for Pa [redacted] Date: _____

Superintendent or Business Administrator

EMPLOYEE TIME SHEET

LEHIGHTON AREA SCHOOL DISTRICT
Lehighton, Pennsylvania

This report is to be completed by employee and submitted by immediate supervisor to the Business Office for each two-week pay period.
Reports submitted the Monday following each pay day will be paid the following payday.

DATE	TIME		TIME OUT FOR LUNCH	NUMBER OF HOURS	BUILDING	POSITION
	FROM	TO				
9-28	8 15	12 15		4	HS	Lunch Aide
9-29	10 45	1 45		3		
9-30	8 15	12 15		4		
10-1	10 45	1 45		3		
10-2	10 45	1 45		3		
			Week 1 Total	17		
10-5	8 15	12 15		4	HS	Lunch Aide
10-6	10 45	1 45		3		
10-7	10 45	1 45		3		
10-8	10 45	1 45		3		
10-9	10 45	1 45		3		
			Week 2 Total	16		
			TOTAL HOURS	33		

Print Employee [redacted]

Employee Sig [redacted] Date: 10-9-26

Certification of [redacted] Date: 10/13/26

Approved for Payment: _____ Date: _____

EMPLOYEE TIME SHEET

LEHIGHTON AREA SCHOOL DISTRICT
Lehighton, Pennsylvania

This report is to be completed by employee and submitted by immediate supervisor to the Business Office for each two-week pay period.
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DATE	TIME FROM	TIME TO	TIME OUT FOR LUNCH	NUMBER OF HOURS	BUILDING	POSITION
9/28/26	10:00	2:00		4	LEC	lunch aide
9/29/26	10:00	2:30		4½	"	" " (going over student lea shi
9/30/26	10:00	2:00		4	"	" "
10/1/26	10:00	2:00		4	"	" "
10/2/26	10:00	2:00		4	"	" "
			Week 1 Total	20½		
10/5/26	10:00	2:00		4	LEC	lunch aide
10/6/26	10:00	2:00		4		" "
10/7/26	10:00	2:00		4		" "
10/8/26	10:00	2:00		4		" "
10/9/26	10:00	2:00		4		" "
			Week 2 Total	20		
			TOTAL HOURS	40½		

Print Employee [redacted]

Employee Sig [redacted] Date: 10/9/2026

Approved for Pa [redacted] Date: 10/13/26

EMPLOYEE TIME SHEET

LEHIGHTON AREA SCHOOL DISTRICT
Lehighton, Pennsylvania

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DATE	TIME		TIME OUT FOR LUNCH	NUMBER OF HOURS	BUILDING	POSITION
	FROM	TO				
9-28-26	10:00	2:00		4	LEC	Lunch Aid
9-29-26	10:00	2:00		4		
9-30-26	10:00	2:00		4		
10-1-26	10:00	2:00		4		
10-2-26	10:00	2:00		4		
			Week 1 Total	20		
10-5-26	10:00	2:00		4		
10-6-26	10:00	2:00		4		
10-7-26	10:00	2:00		4		
10-8-26	10:00	2:00		4		
10-9-26	10:00	2:00		4		
			Week 2 Total	20		
			TOTAL HOURS	40		

Print Employee N[redacted]

Employee Signa[redacted] Date: 10-9-2026

Certification of H[redacted] Date: 10/13/26

Approved for Payment: _____ Date: _____

Superintendent or Business Administrator

EMPLOYEE TIME SHEET

LEHIGHTON AREA SCHOOL DISTRICT
Lehighton, Pennsylvania

This report is to be completed by employee and submitted by immediate supervisor to the Business Office for each two-week pay period.
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DATE	TIME		TIME OUT FOR LUNCH	NUMBER OF HOURS	BUILDING	POSITION
	FROM	TO				
10/9	9:30	2:00		4 1/2	LEC	Lunch aid
			Week 1 Total	4 1/2		
			Week 2 Total			
			TOTAL HOURS	4 1/2		

Print Employee Name: [redacted]

Employee Signature: [redacted] Date: 10/9/26

Certification of Hours: [redacted] Date: 10/13/26

Approved for Payment: _____ Date: _____
Superintendent or Business Administrator

EMPLOYEE TIME SHEET

LEHIGHTON AREA SCHOOL DISTRICT
Lehighton, Pennsylvania

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DATE	TIME		TIME OUT FOR LUNCH	NUMBER OF HOURS	BUILDING	POSITION
	FROM	TO				
9/28	10:30	1:30		3	MS	lunch aide
9/29	10:30	1:30		3	ms	lunch
9/30	10:30	1:30		3	ms	lunch
10/1	10:30	1:30		3	ms	lunch
10/2	10:30	1:30		3	ms	lunch
				15		
10/5	10:30	1:30		3		
[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
10/7	10:30	1:30		3		lunch
10/8	10:30	1:30		3		lunch
				9		
TOTAL HOURS				24		

Print Employee N[redacted]

Employee Signa[redacted] Date: 10/8/26

Certification of H[redacted] Date: 10/9/26

Approved for Payment: _____ Date: _____

Superintendent or Business Administrator

EMPLOYEE TIME SHEET

LEHIGHTON AREA SCHOOL DISTRICT
Lehighton, Pennsylvania

This report is to be completed by employee and submitted by immediate supervisor to the Business Office for each two-week pay period. Reports submitted the Monday following each pay day will be paid the following payday.

DATE	TIME		TIME OUT FOR LUNCH	NUMBER OF HOURS	BUILDING	POSITION
	FROM	TO				
9/28/26	10:30	1:30	—	3	HS	Lunch Aide/Hall Monitor
9/29/26	8:15	12:15		4		
9/30/26	10:45	1:45		3		
10/1/26	8:15	12:15		4		
10/2/26	8:15	12:15		4		
			Week 1 Total	18		
10/5/26	10:45	1:45		3		
10/6/26	8:15	12:15		4		
10/7/26	8:15	12:15		4		
10/8/26	8:15	12:15		4		
10/9/26	8:15	12:15		4		
			Week 2 Total	19		
				37		

Print Employee [redacted]

Employee Sig [redacted] Date: 10/9/26

Certification of [redacted] Date: 10/13/26

Approved for Payment: _____ Date: _____

Superintendent or Business Administrator

EMPLOYEE TIME SHEET

LEHIGHTON AREA SCHOOL DISTRICT
Lehighton, Pennsylvania

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DATE	TIME		TIME OUT FOR LUNCH	NUMBER OF HOURS	BUILDING	POSITION
	FROM	TO				
9/28	–	–	–	–	MS	Lunch Aide
9/29	–	–	–	–	↓	↓
9/30	–	–	–	–		
10/1	–	–	–	–		
10/2	–	–	–	–	↓	↓
10/5	10:30	1:30	–	3	MS	Lunch Aide
10/6	10:30	1:30	–	3	↓	↓
10/7	10:30	1:30	–	3		
10/8	10:30	1:30	–	3		
10/9	10:30	1:30	–	3	↓	↓
			TOTAL HOURS	15		

Print Employee Nam [redacted]

Employee Signatu [redacted] Date: 10/9/26

Certification of Hou [redacted] Date: 10/9/26

Approved for Payment: _____ Date: _____
Superintendent or Business Administrator