

**Woodford County Board of Education**  
**330 Pisgah Pike**  
**Versailles, KY 40383**

**Paraprofessional Coaches Time Record**

(This should be submitted **every month** to the **Head Coach or designee**  
who will forward to the Board of Education.)

Name of Para. Coach \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DATE	TIME ON	TIME OFF	TIME ON	TIME OFF	Purpose: i.e. Game/Practice/Conditioning/etc.

**CERTIFICATION**

I hereby certify that the above is a correct statement of time worked as itemized.

\_\_\_\_\_ Employee Signature

\_\_\_\_\_ Approved by Head Coach/Athletic Director

For HR Dept. Use Only