

**Due on last student day**

\_\_\_\_\_  
**School Name**

\_\_\_\_\_  
**School Year**

**START AND END DATE VERIFICATION**

**Name** \_\_\_\_\_

**Position** \_\_\_\_\_

**Job Code** \_\_\_\_\_

**Days** \_\_\_\_\_

**Start Date** \_\_\_\_\_

**End Date** \_\_\_\_\_

\_\_\_\_\_ **This employee is a 185 day paraprofessional and will not work on**

\_\_\_\_\_  
**Dates**

**My signature verifies my start date and end date for this school year.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor**

\_\_\_\_\_  
**Date**

Copy: Payroll  
Principal  
Director  
Employee