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Miami-Dade County Public Schools
giving our students the world

Division of Special Education

Physical and Occupational Therapy Payroll Record Form for Itinerant Providers

Programs: **Physical and Occupational Therapy**

Payroll School: _____

Employee Name: _____

Employee Number: _____ **Week Of** _____

School Name	School Number	Day	Time In	Time Out	Administrator Designee Signature

This is an official document which is maintained with payroll records for verification purposes.