## MONROE COUNTY BOARD OF EDUCATION Regular Duty Time Sheet

School:	iool:			Dates:				
Employee N	lame:					-		
Date of		Beg Time	Stop Time	Start Time	End Time	Hours		Type Of
Week	Date	(Hour/Min)	(Hour/Min)	(Hour/Min)	(Hour/Min)	Worked	Leave Used	Leave
Sunday								
Monday				<u>].</u>				
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Total Hours								
Summary	Reg	ular	Overtime		Leave		Total	
Total Hours	0.	.00						
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Date of		Beg Time	Stop Time	Start Time	End Time	Hours	Amount of	Type of
Week	Date	(Hour/Min)	(Hour/Min)	(Hour/Min)	(Hour/Min)	Worked	Leave Used	Leave Used
Sunday					<u> </u>	<u> </u>	<u> </u>	
Monday			<u> </u>	<u></u>		<u> </u>	<u> </u>	
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Total Hours						. •		
Summary	Reg	ular	Ove	rtime	Le	ave	To	tai
Total Hours	0.00							
Date of	<b>*</b>	Beg Time	Stop Time	Start Time	End Time	Hours	Amount of	Type of
Week	Date	(Hour/Min)	(Hour/Min)	(Hour/Min)	(Hour/Min)	Worked	Leave Used	Leave Used
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Total Hours								
Summary	Reg	ular	Over	rtime	Le	ave	То	tal
Total Hours	0.00				-			

		(Hour/Min)	(Hour/Min)	End Time (Hour/Min)	Hours Worked	Amount of Leave Used	Type of Leave Used
						)	
Regular		Overtime		Leave		Total	
0.00							
_							
	Beg Time	Stop Time	Start Time	End Time	Hours	Amount of	Type of
Date	(Hour/Min)	(Hour/Min)	(Hour/Min)	(Hour/Min)	Worked	Leave Used	Leave Used
		Beg Time	0.00   Beg Time   Stop Time	0.00   Beg Time   Stop Time   Start Time	0.00   Beg Time   Stop Time   Start Time   End Time	0.00   Beg Time   Stop Time   Start Time   End Time   Hours	0.00    Beg Time   Stop Time   Start Time   End Time   Hours   Amount of

Date of		Beg Time	Stop Time	Start Time	End Time	Hours	Amount of	Type of	
Week	Date	(Hour/Min)	(Hour/Min)	(Hour/Min)	(Hour/Min)	Worked	Leave Used	Leave Used	
Sunday									
Monday					1				
Tuesday				i					
Wednesday									
Thursday									
Friday									
Saturday									
Total Hours									
Summary	F	Regular		Overtime		Leave		Total	
Total Hours		0.00			-				

I hereby certify that this is a true and accurate representation of all hours that I have worked on behalf of the Board of Education during the designated workweeks.

Employee's Signature:	Date:	
Supervisor's Signature:	Date:	

Note: Any changes must be initialed by both employee and supervisor.

Office Use Only

Week	Regular	Overtime	Leave	Total
		<u> </u>		