

MONROE COUNTY BOARD OF EDUCATION

Regular Duty Time Sheet

Department: _____ Workweek: _____

Employee Name: _____

Day of the Week	Date	Beg Time (Hour/Min)	Mid-Day Stop Time (Hour/Min)	Mid-Day Start Time (Hour/Min)	Ending Time (Hour/Min)	Hours Worked	Amount & Type of Leave Used
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Total Hours							

- Summary of Total Hours for the Week -

	Regular	Extra-Curricular	Extra-Duty	Overtime	Leave	Total
Total Hours						

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 workweek.

Employee's Signature: _____ Date: _____

I hereby certify to the best of my knowledge that this is a true and accurate representation of all hours worked by this employee during the designated work week.

Supervisor's Signature: _____ Date: _____

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