

MONROE COUNTY BOARD OF EDUCATION

Regular Duty Time Sheet

School: _____ Dates: _____

Employee Name: _____

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

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

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Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Total Hours								
Summary		Regular	Overtime		Leave		Total	
Total Hours		0.00						

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Monday								
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Wednesday								
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Friday								
Saturday								
Total Hours								
Summary		Regular	Overtime		Leave		Total	
Total Hours		0.00						

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Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Total Hours								
Summary		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