

MONTGOMERY COUNTY SCHOOL BOARD

Employee Time Sheet

Name: _____
PLEASE PRINT GIVEN NAME

Payroll Month: _____ 20_____

School/Place of Work: _____

Employee Job: _____

WEEK# 1	Month	Calendar Date	Leave type & hours	Total Hrs. Worked
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				
Sub Totals				
Total Hours Week #1				
Overtime hours in total				

WEEK# 4	Month	Calendar Date	Leave type & hours	Total Hrs. Worked
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				
Sub Totals				
Total Hours Week #4				
Overtime hours in total				

WEEK# 2	Month	Calendar Date	Leave type & hours	Total Hrs. Worked
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				
Sub Totals				
Total Hours Week #2				
Overtime hours in total				

WEEK# 5	Month	Calendar Date	Leave type & hours	Total Hrs. Worked
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				
Sub Totals				
Total Hours Week #5				
Overtime hours in total				

WEEK# 3	Month	Calendar Date	Leave type & hours	Total Hrs. Worked
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				
Sub Totals				
Total Hours Week #3				
Overtime hours in total				

	x		=	
Total Hrs	x	Rate of Pay	=	Amount
Overtime Hrs	x	Rate of Pay	=	Amount
TOTAL PAY FOR PERIOD:				\$ _____

I certify that I have worked the hours listed above and that payment is due.

Signature of Worker _____ Date _____

Last 4 of Social Security # _____ or Employee Number _____

Signature of Principal or Work Supervisor _____ Date _____

ADR- _____
Additional Duty Request Number (If Applicable)
*Must be entered as 825 Pay Type

<u>Leave types:</u>	
Personal Leave:	P/L
Sick Leave:	S/L
Annual Leave:	A/L
Wellness Leave:	W/L
Funeral Leave:	F/L
Snow Day:	S/D
Unpaid Leave:	LWOP

*Include hours for leave types in Total Hours Worked to get paid for leave taken