

Employee Name: \_\_\_\_\_

School/Dept: \_\_\_\_\_

ID# : \_\_\_\_\_

Day of the Week	MM - DD - YY	Substituted For / Description	Start Time	Stop Time	Meal Break	Start Time	Stop Time	TOTAL (Hour/Min.)	Description for Additional Hours Worked
Sun					/ 30			/	
Mon					/ 30			/	
Tue					/ 30			/	
Wed					/ 30			/	
Thu					/ 30			/	
Fri					/ 30			/	
Sat					/ 30			/	
** Any changes must be initialed by both employee and supervisor.								/	

I hereby certify to the best of my knowledge that this is a true and accurate representation of all hours worked on behalf of the Tucker County Board of Education during the designated work week.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**FINANCE OFFICE USE ONLY**

RATE \_\_\_\_\_

RATE \_\_\_\_\_

CODE \_\_\_\_\_

CODE \_\_\_\_\_

Date Paid: \_\_\_\_\_