

Employee Name: _____ Department: _____ ID: _____

Day of the week	Date MM - DD - YY	Description	Funding	Rate of Pay	Start Time (Hour/Min.)	Stop Time (Hour/Min.)	Total	
Sun								
Mon								
Tue								
Wed								
Thu								
Fri								
Sat								
							TOTAL	

**Any changes must be initialed by both employee and supervisor.

I hereby certify that this is a true and accurate representation of all miscellaneous 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

<u>RATE</u>	<u>RATE</u>	<u>RATE</u>
<u>CODE</u>	<u>CODE</u>	<u>CODE</u>

Date Paid: _____