

Weekly Distance Learning Timesheet

\$25/Hour, Up to 20 Hours/Week

Employee Name: _____ Department: _____ ID: _____

Date	Description (Planning or Activity w/ Student)	Student's Name	Start Time	Stop Time	Total Time
TOTAL					

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 and Date

Supervisor Signature and Date

FINANCE OFFICE USE ONLY

RATE: _____ RATE: _____

CODE: _____ CODE: _____ Date Paid: _____