

# Monroe B.O.E. Timecard

School

Date From / Date to:

 /  /  to  /  / 

Employee Name:

Employee ID Number:

Position:

PERMANENT SUB

Pay Code:

Please indicate time of day and total number of hours worked per day.	Regular Time				OverTime		DoubleTime		Total Hours			Reason for OT/DBL Time
	IN	OUT for lunch	IN from lunch	OUT	IN	OUT	IN	OUT	Reg	O.T.	Dbl.	
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
<b>TOTALS (MUST BE COMPLETED):</b>												

This card must be forwarded to the proper authority before payment can be made.

Supervisor Initial:

Principal Initial:

I, the undersigned, certify that this is a true and accurate record of my working time for the period above mentioned.

**S = Sick      P = Personal      H = Holiday      V = Vacation**

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