MERCER COUNTY BOARD OF EDUCATION

CLASSIFIED TIME SHEET

NAME: _____ DATE: _____

JOB CLASSIFICATON: _____ SCHOOL: _____

PAY PERIOD: BEGINNING _____ ENDING: _____

DATE	WK DAY #	IN	LUNCH	OUT	LEAVE KEY	REG HRS	EXT HRS	OT HRS*	TOTAL

*** Overtime shall be authorized in accordance with policy 03.221**

LEAVE KEY: E –emergency (Emergency days have to be approved by the superintendent.)

B -bereavement, P -personal, H -holiday, S -sick, J -jury, U -unpaid, M -military, NCD -non contract day

I certify that the above is a correct statement of the hours performed during this pay period.

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

CONTRACT DAYS THIS PAY PERIOD: _____ CONTRACT HOURS THIS PAY PERIOD: _____

ACCUMULATIVE DAYS TO DATE: _____ ACCUMULATIVE HOURS TO DATE: _____

The Mercer County School System Provides Equal Education and Employment Opportunities.