Monongalia County Schools
DOCUMENTATION OF HOURS

DATE WORKED	# OF HOURS	Times Worked (ex. 3:30 p.m. – 6:30 p.m.)	PURPOSE	LOCATION

DISTRIBUTION CODE _____

_____ **HOURS @** _____ **per hour =** _____

PLEASE CIRCLE ONE: **PROFESSIONAL** **SERVICE**

EMPLOYEE ID #_____

EMPLOYEE PRINTED NAME _____

EMPLOYEE SIGNATURE _____

IMMEDIATE SUPERVISOR/PRINCIPAL SIGNATURE_____

COUNTY AUTHORIZATION SIGNATURE _____ **DATE** _____

REVISED 6/2022