

MONTGOMERY COUNTY SCHOOL BOARD

12 Pay Employee Time Sheet

Name: _____
PLEASE PRINT

Payroll Month: _____ 20____

School/Place of Work: _____

Employee Job: _____

WEEK# 1	Month	Calendar Date	Leave type & hours	Total Hrs. Worked
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				
Sub Totals				
Total hours Week #1				
Overtime hours in total				

WEEK# 4	Month	Calendar Date	Leave type & hours	Total Hrs. Worked
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				
Sub Totals				
Total hours Week #4				
Overtime hours in total				

WEEK# 2	Month	Calendar Date	Leave type & hours	Total Hrs. Worked
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				
Sub Totals				
Total hours Week #2				
Overtime hours in total				

WEEK# 5	Month	Calendar Date	Leave type & hours	Total Hrs. Worked
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				
Sub Totals				
Total hours Week #5				
Overtime hours in total				

WEEK# 3	Month	Calendar Date	Leave type & hours	Total Hrs. Worked
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				
Sub Totals				
Total hours Week #3				
Overtime hours in total				

_____ x _____ = _____
Total Hrs x **Rate of Pay** = **Amount**

_____ x _____ = _____
Overtime Hrs x **Rate of Pay** = **Amount**

TOTAL PAY FOR PERIOD: \$ _____

I certify that I have worked the hours listed above and that payment is due.

Signature of Worker Date

Last 4 of Social Security # or Employee Number

Signature of Principal or Work Supervisor Date

Leave types:	
Personal Leave:	P/L
Sick Leave:	S/L
Annual Leave:	A/L
Wellness Leave:	W/L
Upaid Leave:	LWOP
Funeral Leave:	F/L
Training:	T