

MAGOFFIN COUNTY BOARD OF EDUCATION

EXTENDED SCHOOL SERVICES

TIME SHEET

Employee Name _____

Check one: certified
 classified
 st./peer tutor
 coordinator

School _____

Rate of pay \$ 25.00

Date	Number of Students	Number of Hours
Monday _____	_____	_____
Tuesday _____	_____	_____
Wednesday _____	_____	_____
Thursday _____	_____	_____
Friday _____	_____	_____
Total Weekly Hours		_____
Monday _____	_____	_____
Tuesday _____	_____	_____
Wednesday _____	_____	_____
Thursday _____	_____	_____
Friday _____	_____	_____
Total Weekly Hours		_____
Total Hours/Two Weeks		_____

I hereby certify that the above is a correct statement of amount due from the Magoffin Board of Education for services rendered as itemized.

Signature of Employee _____

Date _____

Signature of Principal _____

Date _____