

TIME REPORTS

Montclair Board of Education
22 Valley Road
Montclair, NJ 07042

Name _____

SS # (last 4 numbers) _____

Address _____

School _____

Rate of Pay _____

Day	Date	Detailed Description of Work	Minutes	Amount
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Total				

Complete weeks only - do not split weeks

Total Amount to be Paid

Account # _____

Time reports should be submitted based on the Payroll Schedule for Time Report /Overtime Reports/ Home Instruction. Please sign & date your time report or it will be returned to you, delaying payment.

MEA Contract 4.14(f) Timesheets will be submitted to the district designee within 30 days after the hours are worked. The district will pay the employee within 30 days of submission.

Authorization for payment

I certify that the information on this sheet is a correct representation of actual time worked for the Montclair Board of Education.

Employee Signature

Date

You are responsible for your own records.
Please keep a copy.

APPROVALS	
	Date _____
	Date _____
	Date _____
	Date _____