

Monroe Township Schools
TEACHER BASIC SKILLS
TIME SHEET

MONTH: _____

SCHOOL: _____

POSITION: **TEACHER**

PRINT NAME: _____ EMPLOYEE #: _____

*A completed timesheet (all signatures required) **must** reach the Payroll Department by the **fourth (4th)** of each month to be processed with the paychecks of the **fifteenth (15th)**.*

PLEASE 'X' BOXES BELOW CORRESPONDING TO THE DATES WORKED

| | | | | |
|-----------|-----------|-----------|-----------|-----------|
| 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 |
| 31 | | | | |

I certify that the above is correct:

Employee's Signature & Date:

Lead Teacher's Signature & Date

Vice-Principal's Signature & Date:

Assistant Superintendent Signature & Date

Below for Payroll Use Only

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_____ **X** _____ = _____
 Total Sessions Rate (\$77.56)