## Monroe Township Schools TEACHER TAG TIME SHEET

MONTH:		_	SCHOOL:			
			POSITION: TEACHER			
PRINT NAME:			EMPLOYEE #:			
A complete (4 <sup>th</sup> ) of eac	ed timesheet (all s ch month to be pro	ignatures required ocessed with the pa	) <b>must</b> reach the Paychecks of the <b>fifte</b>	ayroll Department by the <b>enth (15<sup>th</sup>).</b>	fourth	
PLEASE '	X' BOXES BEL	OW CORRESPO	ONDING 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 & D	ate:	Lead Teache	er's Signature & Date		
Vice-Princ	cipal's Signature	& Date:	Assistant Su	perintendent Signature	& Dat	
Below for Payro	oll Use Only					
Total Sessi	<b>X</b> ions	Rate (\$77.56)				

Revised: October 2016