

MOBERLY PUBLIC SCHOOLS TIMESHEET - EXTRA DUTY

Name: _____

School: _____

Payroll Period: _____

DATE	In	Out	In	Out	In	Out	Total	REMARKS	
MON									
TUE									
WED									
THUR									
FRI									
Weekly Total									
MON									
TUE									
WED									
THUR									
FRI									
Weekly Total									
MON									
TUE									
WED									
THUR									
FRI									
Weekly Total									
MON									
TUE									
WED									
THUR									
FRI									
Weekly Total									
MON									
TUE									
WED									
THUR									
FRI									
Weekly Total									

Total Hours Worked: _____

I hereby certify that the above time is a correct statement and includes total hours worked each day for the pay period indicated.

Employee's Signature: _____

Timesheet must be signed by employee to be valid

Athletic Director's Signature: _____

Superintendent's Signature: _____

FALSIFICATION OF TIMESHEET WILL RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.