MARLBOROUGH PUBLIC SCHOOL

Marlborough Public Schools

Name: _____   Employee #: _____

Position: _____   School: _____

	DATE	TIME-IN	TIME-OUT	TOTAL HOURS WORKED
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				

Total

☐ DESE Certified Teachers: _____Hrs @ $35.00/ HR =

$ _____

Reason: _____

☐ Other Non-Certified Staff : _____Hrs @ $_____/ HR =

$ _____

Reason: _____

☐ Training/ PD : _____Hrs @ $_____/ HR =

$ _____

Description of Training/PD: _____

☐ Tutor:
  ☐ Certified Teacher _____Hrs @ $35.00/ HR =

  ☐ Non – Certified Staff _____Hrs @ $25.00/ HR = $ _____

Employee Signature: _____   Date: _____

Org- Object Code: _____

Administrator Approval Signature: _____