

# 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	Hr or Min	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 and will be paid based on the Payroll Schedule for Time Report/ Overtime Reports/Home Instruction. Please fill out the time report completely, including dates worked, description and hours/minutes worked, then sign & date the report. Any incomplete time report will be returned to you which will delay 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 _____