

MARLBORO CENTRAL SCHOOL DISTRICT

Food Service Time Cards 2018-19 (2)

PART TIME EMPLOYEE - FOOD SERVICE DEPARTMENT - TIME CARD

2018-2019

Name:		Title:		Hourly Rate: \$_____/hour	<i>Employee: By signing you are certifying all information is true and a correct reporting of time worked and you have taken a 1/2 hour lunch for every day worked in excess of 6 hours.</i>			
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Home School:		Regular Hours:		Employee's Signature:		DATE
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	<i>Regular Appointed Hours</i>			<i>Overtime Hours</i>			<i>Reason (for overtime hours)</i>
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<u>Day</u>	<u>Date</u>	<u>In</u>	<u>Out</u>	<u>Total</u>	<u>In</u>	<u>Out</u>	<u>Total</u>	
MON								
TUE								
WED								
THU								
FRI								
SAT								
SUN								

	<i>Total Weekly Regular Hours*</i>		<i>Total Weekly OT Hours</i>		
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MON								
TUE								
WED								
THU								
FRI								
SAT								
SUN								

	<i>Total Weekly Regular Hours*</i>		<i>Total Weekly OT Hours</i>		
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Budget Code <u>C 2860 160</u>	<i>*Total hours per week must not exceed 29 1/2 hours. Prior written approval must be obtained from the Director of Business & Finance to permit total hours for the week to exceed 29 1/2.</i>	*Total OT Hours	Totals hours* must be completed by Employee
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Director of Food Service:		DATE	Comments: Employee is responsible for completing all required information. Failure to complete all required fields can result in delay of payment for work performed. Administrator's signature signifies the responsible supervisory administrator attests this time sheet is filled in accurately.
Director of Business & Finance Signature:		DATE	