

**MAGOFFIN COUNTY BOARD OF EDUCATION**

**EXTENDED SCHOOL SERVICES**

**TIME SHEET**

Employee Name \_\_\_\_\_

Check one:  certified  
 classified  
 st./peer tutor  
 coordinator

School \_\_\_\_\_

Rate of pay \$ 25.00

Date	Number of Students	Number of Hours
Monday _____	_____	_____
Tuesday _____	_____	_____
Wednesday _____	_____	_____
Thursday _____	_____	_____
Friday _____	_____	_____
<b>Total Weekly Hours</b>		_____
Monday _____	_____	_____
Tuesday _____	_____	_____
Wednesday _____	_____	_____
Thursday _____	_____	_____
Friday _____	_____	_____
<b>Total Weekly Hours</b>		_____
<b>Total Hours/Two Weeks</b>		_____

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Signature of Employee \_\_\_\_\_

Date \_\_\_\_\_

Signature of Principal \_\_\_\_\_

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