Certification of Time

BREATHITT COUNTY SCHOOLS 420 COURT STREET, P.O. BOX 750 JACKSON, KY 41339	MONTHLY TIME RECORD (to be completed and submitted to immedia supervisor who shall turn in file in the appropriate office)
NAME:	POSITION:
MONTH/YEAR:	

DATE	BEGINNING WORK-TIME	ENDING- WORK-TIME	LOCATION	SICK	PERSONAL.	JURY DUTY	HOLIDAY	NON WORKING	CUT	PD HOURS WORKED (CLASSIFIED) 4 DAYS REQUIRED BEGIN AND END HOURS WORKED MUST BE DOCUMENTED

H	ereby certify that the above is a correct statement of service rendered to the Breathitt County Board of Education.	
A	by overtime or additional time must be prior approved and documented on the approval form as stated in Board Policy (03.221.
Eı	mployee Signature:	
L	gertify the above time sheet to be a true record of the time worked by named employee.	
	upervisor/Designee's Signature:	
	MESHEETS MUST BE SUBMITTED TO THE FINANCE OFFICE BY THE 3 RD OF EACH MONTH.	
11	THE STREETS MOST BE SUBMITTED TO THE FINANCE OFFICE DT THE STOP EACH MONTH.	

BJZ03.121 AP.23 (CONTINUED)

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BREATHITT COUNTY SCHOOLS 420 COURT STREET, P.O. BOX 750 JACKSON, KY 41339 MONTHLY TIME RECORD

(to be completed and submitted to immediate supervisor who shall turn in file in the appropriate office)

NAM	E:		PO	SITIO	N:						
MONTH/YEAR:											
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DATE	BEGINNING WORK TIME	ENDING WORK TIME	LOCATION	SICK	PERSONAL	JURY DUTY	HOLIDAY	NON-WORKING	CUT	<u>NOTES</u>	
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DATE	<u>BEGIN HIVI</u>	END HME	IUIALI	IOURS		PD PD				DESCRIPTION OF WORK	
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I I hereby certify that Any overtime or ac	at the above is a condditional time must	rrect statement of s t be prior approved	ervice rendered	d to the	Brea	thitt Coroval	ounty form a	Board as state	of Ed	ucation. Board Policy 03.221.	

Employee Signature: _ I certify the above time sheet to be a true record of the time worked by named employee. Supervisor/Designee's Signature: _ TIMESHEETS MUST BE SUBMITTED TO THE FINANCE OFFICE BY THE 3RD OF EACH MONTH.

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BJZ03.121 AP.23 (CONTINUED)

Certification of Time

BREATHITT COUNTY SCHOOLS 420 COURT STREET, P.O. BOX 750 JACKSON, KY 41339

MONTHLY TIME RECORD (to be completed and submitted to immediate supervisor who shall turn in file in the appropriate office)

NAN	IE:	POSIT										
MONTH/YEAF	: :											
Please check all	boxes that apply.											
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	REGULAI	FIELD TRIP							
DATE	AM REGULAR ROUTE	PM REGULAR ROUTE	Check box if you drove a field trip this day.	SICK	PERSONAL	JURY DUTY	ноглрау	CUT	
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	PD AND FLEX HOURS WORKED										
	<u>ORK</u>	DESCRIPTION OF WORK	TOTAL HOURS CHECK ONE		TOTAL HOURS	END TIME	BEGIN TIME	DATE			
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