DISTRICT SCHOOL BOARD OF MADISON COUNTY

**COVID-19 Time Sheet (To be turned in weekly)**

NAME: Click or tap here to enter text. LAST 4 DIGITS OF SSN# Click or tap here to enter text.

WORKSITE:Choose an item.

Week Beginning : Click or tap to enter a date. Week Ending: Click or tap to enter a date.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Start Time | Ending Time | Total  Hours | Activities Completed |
| ***Example*** | | | | |
| *March 30* | *8:00*  *8:45*  *9:45* | *8:45*  *9:45*  *10:30* | *2.5* | *Planned daily lessons*  *Graded online activities*  *Contacted students (9:45 – John, 10:00 – Bill, 10:15 – Sally)* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***Total Hours Worked \_\_\_\_\_\_\_\_\_\_\_\_\_***

**I HEREBY CERTIFY THAT THE ABOVE HOURS ARE CORRECT.**

**Signature of Employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Principal/Department Head:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*Payment made to regular employees by school organization will be paid in accordance with Agreement between District School Board of Madison County and Madison County Education Association as per contract. Effective June 24, 2014