

**MARLBORO CENTRAL SCHOOL DISTRICT**

*Food Service Time Cards 2019-20 sub*

**SUBSTITUTE EMPLOYEE - FOOD SERVICE DEPARTMENT - TIME CARD**

**2020-2021**

|              |  |               |  |                                   |  |
|--------------|--|---------------|--|-----------------------------------|--|
| <b>Name:</b> |  | <b>Title:</b> |  | <b>Hourly Rate:</b> \$ _____/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> |
|--------------|--|---------------|--|-----------------------------------|--|

|                     |  |                       |  |                              |  |      |
|---------------------|--|-----------------------|--|------------------------------|--|------|
| <b>Home School:</b> |  | <b>Regular Hours:</b> |  | <b>Employee's Signature:</b> |  | DATE |
|---------------------|--|-----------------------|--|------------------------------|--|------|

|  |                                |  |                       |  |  |
|--|--------------------------------|--|-----------------------|--|--|
|  | <i>Regular Appointed Hours</i> |  | <i>Overtime Hours</i> |  | <i>Reason<br/>(for overtime hours)</i> |
|--|--------------------------------|--|-----------------------|--|--|

| <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> |  |  |
|--|------------------------------------|--|------------------------------|--|--|

|     |  |  |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|--|--|
| MON |  |  |  |  |  |  |  |  |
| TUE |  |  |  |  |  |  |  |  |
| WED |  |  |  |  |  |  |  |  |
| THU |  |  |  |  |  |  |  |  |
| FRI |  |  |  |  |  |  |  |  |
| SAT |  |  |  |  |  |  |  |  |
| SUN |  |  |  |  |  |  |  |  |

|  |                                    |  |                              |  |  |
|--|------------------------------------|--|------------------------------|--|--|
|  | <i>Total Weekly Regular Hours*</i> |  | <i>Total Weekly OT Hours</i> |  |  |
|--|------------------------------------|--|------------------------------|--|--|

|                               |   |                                |   |
|-------------------------------|---|--------------------------------|---|
| <b>Budget Code C 2860 160</b> | <i>*Total hours per week must not exceed 29 1/2 hours. Prior written approval must be obtained from the Director of Business &amp; Finance to permit total hours for the week to exceed 29 1/2.</i> | <small>*Total OT Hours</small> | Totals hours* must be completed by Employee |
|-------------------------------|---|--------------------------------|---|

|                                  |  |      |   |
|----------------------------------|--|------|---|
| <b>Director of Food Service:</b> |  | DATE | <small>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.</small> |
|----------------------------------|--|------|---|

|   |  |      |
|---|--|------|
| <b>Asst. Supt. For Business &amp; Finance</b> |  | DATE |
|---|--|------|