

# HOME INSTRUCTION/ABA TIME REPORTS ONLY

Montclair Board of Education  
22 Valley Road  
Montclair, NJ 07042

Name of Student \_\_\_\_\_  
one student per timesheet

Name \_\_\_\_\_  
Address \_\_\_\_\_  
School \_\_\_\_\_

SS # (last 4 numbers) \_\_\_\_\_

Rate of Pay \_\_\_\_\_

Day	Date	Detailed Description of Work	Hours	Amount	Parent/Guardian Signature
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Total					

Day	Date	Detailed Description of Work	Hours	Amount	Parent/Guardian Signature
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Total					

Account # \_\_\_\_\_

Total Amount to be Paid  
\_\_\_\_\_

**Time reports should be submitted no more than 2 weeks after work is performed.**

**MEA Contract 4.14(f)** Employee time sheets shall be time/date stamped and signed by the employee on the date the time sheet is submitted for approval to the employee's immediate supervisor. Any time sheet submitted beyond 60 days after the hours are worked shall be cancelled and not paid, unless the employee complied with the time limits to submit for overtime, but management did not process the time sheet within the scheduled time period.

**Authorization for payment**

I certify that the information on this sheet is a correct representation of actual time worked for the MBoE.

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

\_\_\_\_\_  
Date

You are responsible for your own records.  
Please keep a copy.

APPROVALS	
_____ Immediate Supervisor	_____ Date
_____ Central Office	_____ Date
_____ Central Office	_____ Date