

PACS Time Sheet for Summer Supplemental Employment (SSE)

Employee and Retiree Service Center
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

EMPLOYMENT INFORMATION

Employee ID _____ Name _____
(Last, First, and Middle Initial)

Location Number _____ Location Name _____

Biweekly Pay Period _____ to _____

INSTRUCTIONS

1. Complete this form in black ink.
2. Use a separate form for each biweekly pay period.
3. If you have activities at more than one location, complete a separate time sheet for each location.
4. Complete this time sheet for each activity worked this pay period.
5. Report each SSE activity and hours for that activity on the lines marked SSE for each day in the day columns provided below. Consult your timekeeper for activity codes if necessary.
6. If you are a permanent 10-month employee on approved sick leave in a summer assignment, report the hours of personal illness on the line marked SNA for each day in the day columns provided below. No other type of leave is authorized. SNA is only for permanent 10-month employees working in the summer.
7. DO NOT report more hours than your allocation balance. Consult your timekeeper if you do not know or have questions concerning your balance.
8. Sign this timesheet in ink and submit to your supervisor for signature.
9. Submit completed timesheet to the timekeeper.

GET PAID ON TIME! Do not hold time sheets or report hours past the scheduled pay period dates. This could result in a delay of pay.

SSE Activities. Report the job code, name, and the hours worked (SSE) or the amount of hours of personal illness (SNA) in the day columns below.

Job Code	Activity Name	Pay Code	Week 1							Week 2							Bi-week Total	
			SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI		
		SSE																
		SNA																
		SSE																
		SNA																
		SSE																
		SNA																
		SSE																
		SNA																
		SSE																
		SNA																

This is to certify that my record of attendance is correct as shown.

This is to certify that I have examined the above report and found it to be correct.

_____/_____/_____
Signature, Employee Date

_____/_____/_____
Signature, Immediate Supervisor Date