CLEAR FORM MCPS

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

PACS TIME SHEET FOR MCEA AND MCAAP EMPLOYEES WITH REQUIRED SUMMER WORKDAYS

Employee ID 69231 Name Colleen Adams
(Last, First, and Middle Initial)

Location Number 04125 Location Name Quince Orchard High School

Biweekly Pay Period 7 / 2 / 22 to 7 / 15 / 22

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 on approved sick leave, 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.
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 activity code, name, and the hours worked (SSE) or the amount of hours of personal illness (SNA) in the day columns below.

			Week 1							Week 2							
Activity Code	Activity Name	Pay Code	SAT 7/2	SUN 7/3	MON 7/4	TUE 7/5	WED 7/6	THU 7/7	FRI 7/8	SAT 7/9	SUN 7/10	MON 7/11	TUE 7/12	WED 7/13	THU 7/14	FRI 7/15	Bi-week Total 56
	RT	SSE				8	8					8	8	8	8	8	0.0
		SNA															0.0
		SSE															0.0
		SNA															0.0
		SSE															0.0
		SNA															0.0
		SSE															0.0
		SNA															0.0
		SSE															0.0
		SNA															0.0

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

Colleen Adams
Signature, Employee 7 / 6 / 22 *Date*

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

_____ ____/____/____
Signature, Immediate Supervisor *Date*