MONMOUTH COUNTY VOCATIONAL SCHOOL DISTRICT
105 Neptune Blvd, Suite# 315
Neptune, NJ 07753

PART-TIME HOURLY RECORD

MONTH _____ YEAR_____ NAME _____

DATE	ACTUAL HOURS	TOTAL HOURS (QUANTITY)

This form must be completed and sent to the Superintendent by the 1st of the month

TOTAL HOURS_____ X $_____ = $_____

I certify the above to be correct

Signed _____ Date _____

Approved _____ Date _____

_____
Approved by Superintendent

*Reason _____ Funding Source _____

***NOTE:** Program, Course, Remediation, Home Instruction, Staff Development, etc.

Last Revised 9/18/03