

EMPLOYEE VERIFICATION OF SCHEDULED WORK HOURS

For Audit Use Only

Mill Valley School District

411 Sycamore Ave
 Mill Valley, CA 94941
 Phone: 389-7703 Fax: 389-7773

Name _____

School _____

Month & Year _____

Position Title _____

Date	Schedule Worked	Reason for Absence
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
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19		
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21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		

To Be Completed By District:

Daily Hours Assigned: _____

Confirmed: _____

Approved: _____

Director of Student Support Services

Date: _____

Employee: _____ Date: _____

Teacher: _____ Date: _____

Principal: _____ Date: _____