

# HOME INSTRUCTION/ABA TIME REPORTS ONLY

Montclair Board of Education  
22 Valley Road  
Montclair, NJ 07042

Name of Student \_\_\_\_\_  
one student per time report

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					

Account # Please circle

11-150-100-101-000-20-63 GE

11-219-100-101-000-20-63 SE

11-000-219-104-050-20-63 ABA

Total Amount to be Paid

**Time reports should be submitted based on the Payroll Schedule for Time Report /Overtime Reports/ Home Instruction. Please sign & date your time report or it will be returned to you, delaying payment.**

**MEA Contract 4.14(f)** Timesheets will be submitted to the district designee within 30 days after the hours are worked. The district will pay the employee within 30 days of submission.

### Authorization for payment

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

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

\_\_\_\_\_  
Date

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

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