Somerset Hills School District

PER DIEM TIMESHEET

Name: _____ **Date: _____**

POSITION: _____

SCHOOL: *MUST circle one
(*If Applicable)
Bedwell Elementary School
Bernardsville Middle School
Bernards High School

***PLEASE COMPLETE ONE TIME SHEET FOR EACH TYPE OF WORK COMPLETED**

Per Diem Rate: _____ **Total Amount: $_____**

Date(s)	Time In	Time Out	Full (1) or Half (.5) Day	Rate (Full or Half)	Total

Please sign and return this completed form to your Supervisor for signature. Timesheets will be forwarded to the School Business Administrator for processing.

_____ _____

Employee's Signature **Supervisor's Signature**