



Somerset Hills School District

 **ESY TIMESHEET** 

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**WORK PERFORMED: \*MUST circle one**

**SCHOOL:**

Rates as per Board Agenda

**Bedwell Elementary School**

Teacher

Psychologist

Paraprofessional

Nurse

Speech / Language Therapist

Occupational Therapist

Substitute: Teacher / Paraprofessional / Nurse

Rate: \_\_\_\_\_

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

Work Type: \_\_\_\_\_

Rate: \$ \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_

Date(s)	Time-In	Time-Out	Total Hours	Rate	Total
TOTALS					

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