



Somerset Hills School District
EVENT HELP TIMESHEET

Name: _____

Date: _____

EVENT: _____

PLEASE COMPLETE ONE TIME SHEET FOR EACH EVENT

Admin Rate: \$125

Staff Rate: \$60

Event	Amount	Total
Notes:		

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

Athletic Director's Signature