Somerset Hills School District

GRANT TIMESHEET

Name: _____ **Date:** _____

GRANT: _____ (MUST be entered)

BUDGET ACCOUNT #:_____(MUST be entered)

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

Supervisor: _____ **Rate: $**_____ **Total Amount: $**_____

Date(s)	Time-In	Time-Out	Total Hours	Rate	Total
Description of Work					
Description of Work					
Description of Work					
Description of Work					
Description of Work					
Description of Work					
Description of Work					
Description of Work					
Description of Work					
Description of Work					
Description of Work					
Description of Work					

Please sign and return this completed form to your GRANT Supervisor for signature.

_____ _____

Employee's Signature **GRANT Supervisor's Signature (ONLY)**