Somerset Hills School District

TRANSLATOR TIMESHEET

Name: _____ **Date: _____**

Total Amount: $_____

Date(s)	Requested By	Total Hours	Rate $63.26	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**