Somerset Hills School District

NURSES TIMESHEET

Name: _____ **Date:** _____

CIRCLE ONE
Coverage
Field Trip
After School Activities

SCHOOL: *MUST circle one
Bedwell Elementary School
Bernardsville Middle School
Bernards High School

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

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

Please sign and submit the completed timesheet to your Supervisor for signature *within 30 days of completing the work*. Once signed, the timesheet will be forwarded to Payroll for processing.

_____ _____

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