Somerset Hills School District

TRANSLATOR TIMESHEET

Name: _____ **Date: _____**

Total Amount: $_____

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

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**