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					

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

_____

GRANT Supervisor's Signature

_____

Administrator's Signature