



Somerset Hills School District



SUMMER INSTRUCTION



Name: _____

Date: _____

Summer Instruction: ***MUST circle one**

Rates as per Board Agenda

Math Support

History Support

Support Other: _____

BUDGET ACCOUNT # 11-240-100-101-01-00-00-030 (MUST be entered)

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

Work Type: _____ **Rate: \$** _____ **Total Amount: \$** _____

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