Somerset Hills School District

EVENT HELP TIMESHEET

Name: _____ **Date: _____**

EVENT: _____

PLEASE COMPLETE ONE TIME SHEET FOR EACH EVENT

Admin Rate: $125
Staff Rate: $60

Event	Amount	Total
Notes:		

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 **Principal's Signature**