



Somerset Hills School District



HOURLY TIMESHEET



Name: _____

Date: _____

PARAPROFESSIONALS: *MUST circle one

Classroom Para
Bus Para
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**

Work Type: _____

Rate: \$ _____

Total Amount: \$ _____

Date(s)	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