Somerset Hills School District

ESY TIMESHEET

Name: _____ **Date: _____**

WORK PERFORMED: *MUST circle one

Rates as per Board Agenda

Teacher
Psychologist
Paraprofessional
Nurse
Speech / Language Therapist
Occupational Therapist
Substitute: Teacher / Paraprofessional / Nurse

SCHOOL:
Bedwell Elementary School

Rate: _____

***PLEASE COMPLETE <u>ONE TIME SHEET</u> FOR <u>EACH</u> 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 *<u>within 30 days of completing the work</u>*. Once signed, the timesheet will be forwarded to Payroll for processing.

_____ _____

Employee's Signature **Supervisor's Signature**