Somerset Hills School District

🩺NURSES TIMESHEET 🩺

Name: _____ **Date:** _____

CHECK ONE

- ☐ Coverage
- ☐ Field Trip
- ☐ After School Activities

SCHOOL: *MUST check one

- ☐ Bedwell Elementary School
- ☐ Bernardsville Middle School
- ☐ Bernards High School

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

Date(s)	Reason	Time-In	Time-Out	Total Hours	Rate	Total
						0
						0
						0
						0
						0
TOTALS:				0		0

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**