



Somerset Hills School District
TRANSLATOR TIMESHEET

Name: _____

Date: _____

Date(s)	Requested By	Total Hours	Rate \$63.26	Total
				0
				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