



Somerset Hills School District

 EVENT HELP TIMESHEET

Name: _____

Date: _____

Admin Rate: \$125

Staff Rate: \$60

Date	Event	Amount
	TOTAL:	0
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