



Somerset Hills School District



Name: _____

Date: _____

WORK PERFORMED: *MUST check one

SCHOOL:

Bedwell Elementary School

Rates as per Board Agenda

☐

Teacher

☐

Psychologist

☐

Paraprofessional

☐

Nurse

☐

Speech / Language Therapist

☐

Occupational Therapist

☐

Substitute: Teacher / Paraprofessional / Nurse

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

Date(s)	Time-In	Time-Out	Total Hours	Rate	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