



Somerset Hills School District
PER DIEM TIMESHEET

Name: _____

Date: _____

POSITION: _____

SCHOOL: *MUST check one

☐

Bedwell Elementary School

☐

Bernardsville Middle School

☐

Bernards High School Olcott

☐

Olcott

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

Per Diem Rate: _____

Date(s)	Time In	Time Out	Full (1) or Half (.5) Day	Rate	Total
				0	0
				0	0
				0	0
				0	0
TOTALS:					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