



Somerset Hills School District

GRANT TIMESHEET

Name: _____

Date: _____

GRANT: _____ (MUST be entered)

BUDGET ACCOUNT #: _____ (MUST be entered)

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

Date(s)	Time-In	Time-Out	Total Hours	Rate	Total
					0
Description of Work					
					0
Description of Work					
					0
Description of Work					
					0
Description of Work					
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

GRANT Supervisor's Signature

Administrator's Signature