



Somerset Hills School District

 **ESY TIMESHEET** 

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     |
| <b>TOTALS:</b> |         |          | 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