



Somerset Hills School District
 NURSES TIMESHEET

Name: _____

Date: _____

CHECK ONE

- ☐ Coverage
☐ Field Trip
☐ After School Activities

SCHOOL: *MUST check one

- ☐ Bedwell Elementary School
☐ Bernardsville Middle School
☐ Bernards High School

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

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