

SOMERSET PUBLIC SCHOOLS

HOURLY TIME SHEET

This form must be complete in full including all dates worked, start and end times, total hours and approved hourly rate. **You must sign the completed form and turn it in to your Principal or Job Supervisor on a weekly basis no later than Friday of the week you worked. Incomplete forms will be returned which may delay payment.**

PRINT FULL NAME: _____

SIGNATURE: _____ DATE: _____

By my signature I certify that I have worked the hours listed below.

POSITION: _____ SCHOOL: _____

WORK AUTHORIZED BY: _____

DESCRIPTION OF SERVICE: _____

CHECK HERE IF INSERVICE CREDIT IS REQUESTED IN LIEU OF PAYMENT: _____

WEEK ENDING DATE – FRIDAY: _____

DATE	MORNING FROM: TO:	AFTERNOON FROM: TO:	EVENING FROM: TO:	TOTAL HOURS PER DAY
SATURDAY DATE: / /	—	—	—	
SUNDAY DATE: / /	—	—	—	
MONDAY DATE: / /	—	—	—	
TUESDAY DATE: / /	—	—	—	
WEDNESDAY DATE: / /	—	—	—	
THURSDAY DATE: / /	—	—	—	
FRIDAY DATE: / /	—	—	—	
			TOTAL HOURS FOR THE WEEK:	

HOURLY RATE: \$ _____ TOTAL HOURS: _____ TOTAL PAYMENT: \$ _____

APPROVED FOR PAYMENT FROM ACCOUNT# _____

JOB SUPERVISOR: _____ DATE: _____

PRINCIPAL: _____ DATE: _____

SUPERINTENDENT: _____ DATE: _____

Use this key to indicate activity I = Instructional Time
 P = Planning Time
 M = Meetings/Professional Development
 S = Student Success Plans