

SOMERSET PUBLIC SCHOOLS & SOMERSET BERKLEY REGIONAL SCHOOL DISTRICT
HOURLY TIME SHEET

This form must be completed 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 school Principal or Job Supervisor on a weekly basis no later than **Friday** of the week you worked. Incomplete forms will be returned to individual schools which may delay payment.

PRINT FULL NAME: _____

SIGNATURE: _____ DATE: _____
 By my signature, I certify that I have worked the hours listed below.

POSITION: _____

SCHOOL (check one): Chace _____ South _____ North _____
 Middle _____ High School _____

DESCRIPTION OF SERVICE: _____

If working as a Substitute for a Paraprofessional, please indicate Para's Name : _____

If working as a Substitute for a Teacher, please indicate Teacher's Name : _____

If working as a Tutor, please **check one** : Regular Education Student _____ or Special Education Student _____

WEEK ENDING DATE (FRIDAY): ____/____/____

DATE	MORNING		AFTERNOON:		EVENING:		TOTAL HOURS PER DAY	
	FROM:	TO:	FROM:	TO:	FROM:	TO:		
MONDAY DATE: / /								
TUESDAY DATE: / /								
WEDNESDAY DATE: / /								
THURSDAY DATE: / /								
FRIDAY DATE: / /								
SATURDAY DATE: / /								
SUNDAY DATE: / /								
							TOTAL HOURS FOR THE WEEK	
							HOURLY RATE: \$	
							TOTAL PAYMENT: \$	

APPROVED FOR PAYMENT FROM ACCOUNT #: _____

ACCOUNT DESCRIPTION MUST BE COMPLETED BY BUILDING CLERICAL STAFF BEFORE SUBMITTING TO CENTRAL OFFICE FOR PAYMENT (i.e. "Tutoring-Regular Ed"; "Sub Sped Aides"; "Sped Hospital/Home Tutor")

JOB SUPERVISOR (if any): _____ DATE: _____

PRINCIPAL (or designee): _____ DATE: _____

BUSINESS OFFICE: _____ DATE: _____