

# Somerset Public Schools and Somerset Berkley Regional School District

## 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 school 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 (Additional hours worked, cover for teacher, tutor, etc): \_\_\_\_\_

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

APPROVED FOR PAYMENT FROM ACCOUNT # : \_\_\_\_\_

JOB SUPERVISOR: _____	DATE: _____
PRINCIPAL: _____	DATE: _____
BUSINESS OFFICE: _____	DATE: _____
SUPERINTENDENT: _____	DATE: _____