

SOMERSET BERKLEY REGIONAL SCHOOL DISTRICT

Hourly Time Sheet

This form must be completed in full including all dates worked, start and end time, total hours and approved hourly rate. You must sign the completed form and submit to your Principal and/or Job Supervisor for approval. Completed form must be submitted the Friday prior to the payday for payment. Incomplete forms will delay payment

Name _____

Signature _____ Date _____
 By my signature I certify that I have worked the hours listed below

Position _____

Week Endind (Friday date) _____

Service/Event	Morning		Afternoon		Evening		Total Hours	OT	Double OT	Total Payment
	From	To	From	To	From	To				
Saturday Date ____/____/____										0
Sunday Date ____/____/____										0
Monday Date ____/____/____										0
Tuesday Date ____/____/____										0
Wednesday Date ____/____/____										0
Thursday Date ____/____/____										0
Friday Date ____/____/____										0

Rate _____ Total Hours

0	0	0	0
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Approved for payment form Account # _____

Job Supervisor _____ Date _____

Principal _____ Date _____

Superintendent _____ Date _____