ENGLEWOOD PUBLIC SCHOOL DISTRICT

12 Tenafly Road
Englewood, NJ 07631

PAYROLL TIME SHEET

Please use this time sheet to secure payment for part-time, extra, hourly, overtime, or substitute service.

Name: _____ Home Address: _____
Please print: (Last) (First)

_____
(Town, State, Zip)

Social Security # _____ (Last four digits only)

Pay period from _____/_____ to _____/_____/20_____ School/Location: _____
Mo. Day Mo. Day Yr.

DATE	ASSIGNMENT	TIME IN	TIME OUT	DAYS / HOURS / PERIODS

Total: ___Days _____Hours _____ Periods x $_____.____ = Amount due $_____.____

Claimant's Certification: I certify that the above is a true record of services I provided.

_____
Signature Date

Supervisor's Certification: I have personal knowledge and certify that the services above were rendered.

_____
Signature Date

Payroll Department Certification: I have checked this claim for accuracy, approved it for payment, and charged the following budget account(s).

_____
Signature

Budget#:_____or **Payroll Code**_____

Revised 2010-2011