



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: _____
Please print: (Last) (First)

Home Address: _____

Social Security # _____ (Last four digits only)

(Town, State, Zip)

Pay period from ____/____/____ to ____/____/20____
Mo. Day Mo. Day Yr.

School/Location: _____

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 _____