

## GENERAL TIMESHEET

Name \_\_\_\_\_

*For Business Office Use Only*

**Activity Details**

Description of Activity\* (Please Specify) \_\_\_\_\_

**\*If substitute aide, please list the employee's name in which you are covering.**

**Account Charged** (Please check the appropriate boxes for account code determination)

<b>POOL</b>	<b>LIBRARY</b>	<b>SOUND SYSTEM</b>
<input type="checkbox"/> 58-3310-132	<input type="checkbox"/> 10-2250-122-000-30-500	<input type="checkbox"/> 3310-132-000-30-800
<b>MAINT.</b>	<b>NURSE</b>	<b>GUIDANCE</b>
<input type="checkbox"/> Summer 10-2620-182 <input type="checkbox"/> Overtime 10-2620-163	<i>Summer</i> <input type="checkbox"/> West Berwick 10-2420-122-000-10-230 <input type="checkbox"/> Middle School 10-2420-122-000-30-500 <input type="checkbox"/> High School 10-2420-122-000-30-800	<input type="checkbox"/> Nescopeck 10-2122-122-000-10-220 <input type="checkbox"/> West Berwick 10-2122-122-000-10-230 <input type="checkbox"/> Salem 10-2122-122-000-10-240 <input type="checkbox"/> Middle School 10-2122-122-000-30-500 <input type="checkbox"/> High School 10-2122-122-000-30-800
<b>CUSTODIAL</b>	<i>ESY</i>	<b>OTHER (NOT LISTED)</b>
Overtime <input type="checkbox"/> 10-2620-183	<input type="checkbox"/> 10-2420-122-520-00-000-000-000-0ESY	<input type="checkbox"/> _____
	<i>Sub Aide (HRT)</i> <input type="checkbox"/> 10-2420-192	<b>TITLE I TEACHING ASSISTANTS*</b> <input type="checkbox"/> West Berwick 10-1190-122-411-10-230 <input type="checkbox"/> Salem 10-1190-122-411-10-240 <i>*Enter the number of Days not Hours</i>

**Timesheet Details**

	Day	Date	Time		No. of Hours*
			From	To	
<b>1<sup>ST</sup> WEEK</b>	Mon	/ /			
	Tue	/ /			
	Wed	/ /			
	Thu	/ /			
	Fri	/ /			
	Sat	/ /			
	Sun	/ /			
	<b>Total Hours for Week</b>				

	Day	Date	Time		No. of Hours*
			From	To	
<b>2<sup>ND</sup> WEEK</b>	Mon	/ /			
	Tue	/ /			
	Wed	/ /			
	Thu	/ /			
	Fri	/ /			
	Sat	/ /			
	Sun	/ /			
	<b>Total Hours for Week</b>				

**Total Hours for Pay Period** \_\_\_\_\_

**Hourly Rate** \_\_\_\_\_

Payroll reserves the right to return incomplete/unsigned timesheets for completion.

Note: Please adhere to the payroll schedule. Late timesheets will be processed the following pay cycle.

**DO NOT HOLD TIME CARDS.** The District is assessed penalties and interest for late payroll reporting to retirement.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Principal/Supervisor Approval

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Submitted