

PROGRAMS TIMESHEET

Name _____

For Business Office Use Only

Activity Details

Description of Activity* (Please Specify) _____
 *If substitute aide, please list classroom teacher

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

BARK	CYBER	HOMEBOUND
<input type="checkbox"/> 10-1110-122-BRK	<input type="checkbox"/> 10-1110-122-CYB	<input type="checkbox"/> Nescopeck 10-1430-122-000-10-220
21st Century	DETENTION	<input type="checkbox"/> West Berwick 10-1430-122-000-10-230
<input type="checkbox"/> 10-1450-122-432	<input type="checkbox"/> 10-1110-123-000-30-800	<input type="checkbox"/> Salem 10-1430-122-000-10-240
TITLE III	TITLE I (TUTORING)	<input type="checkbox"/> Middle School 10-1430-122-000-30-500
<input type="checkbox"/> 10-1110-122-471	<input type="checkbox"/> 10-1190-122-411-10-230-000-000-0ELO	<input type="checkbox"/> High School 10-1430-122-000-30-800
OTHER (NOT LISTED)	CURRICULUM (TUTORING, WRITING/REVISION)	ALTERNATIVE EDUCATION
<input type="checkbox"/> _____	<input type="checkbox"/> 10-2260-122-000-00-000-000-000-0ELO	<input type="checkbox"/> 10-1442-122-000-30-800

Timesheet Details

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

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

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