

FISCAL YEAR: _____

**PRIVATE SCHOOLS FOR THE DISABLED
EMPLOYEE TIME RECORD
N.J.A.C. 6A:23-4.4(a)10**

1. EMPLOYEE'S NAME: _____
2. SCHOOL/LOCATION: _____
3. JOB TITLE: _____
4. PAY PERIOD ENDING DATE: _____
5. NORMAL WORKING HOURS: _____
6. Check box if employee works for multiple programs and/or companies.
7. Check the method used for charging this employee's time among programs/companies. Actual Hours
 Percentage of Total Hours

8. DAYS OF THE MONTH																			TOTAL
HOURS WORKED: 9. PRIVATE SCHOOL																			
10. NON-PRIVATE SCHOOL																			
11. TOTAL																			14.
	S=SICK			V=VACATION			A=ADMINISTRATIVE			H=HOLIDAY			O=OTHER						

AUTHORIZATION

EMPLOYEE CERTIFICATION: I certify that this document is a true report of my attendance and time spent on activities for which I received cash compensation.		SUPERVISOR VERIFICATION: I have reviewed this document and verify that it is a true report of the employee's attendance and time spent on activities for which compensation is received.	
12. EMPLOYEE'S SIGNATURE:	DATE:	13. SUPERVISOR'S SIGNATURE:	DATE: