FISCAL YEAR: _____

PRIVATE SCHOOLS FOR STUDENTS WITH DISABILITIES

EMPLOYEE TIME RECORD
N.J.A.C. 6A:23A-18.4(a)(10)
(Formerly N.J.A.C. 6A:23-4.4(a)10)

CHECK (X) IF EMPLOYEES WORKING FOR MULTIPLE PROGRAMS AND/OR COMPANIES

METHOD USED FOR CHARGING EMPLOYEES' TIME AMONG PROGRAMS/COMPANIES
(A=actual hours, B=% of total hours)

NORMAL WORKING HOURS FOR EMPLOYEE

EMPLOYEE'S CERTIFICATION:
I certify that this document is a true report of my attendance and time spent on activities for which I received cash compensation.

DAYS OF THE MONTH (P=HOURS WORKED PRIVATE SCHOOL, N=HOURS WORKED NON-PRIVATE SCHOOL)

EMPLOYEE	JOB TITLE				DAILY SIGN IN-OUT	P	N	P	N	P	N	P	N	P	N	P	N	P	N	P	N	P	N	P	N	P	N	P	N	P	N	P	N	P	N	P	N	TOTALED HOURS FOR PAY PERIOD P	N	P&N	SIGNATURE	DATE
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SCHOOL/LOCATION _____
PAY PERIOD ENDING _____
SHEET _____ OF _____

S=SICK
V=VACATION
H=HOLIDAY
O=OTHER

SUPERVISOR'S VERIFICATION : I have reviewed this document and verify that it is a true report of each employee's attendance and time spent on activities for which compensation is received.

SUPERVISOR'S SIGNATURE _____

DATE: _____