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			CHECK (X) IF EMPLOYEES WORKING FOR MULTIPLE PROGRAMS AND/OR COMPANIES														EMPLOYEE'S CERTIFICATION:																				
PRIVATE SCHOOLS FOR STUDENTS WITH DISABILITIES					R CHARG						PROGRA	AMS/CO	OMPAN	IIES										I certify that this document is a true report of my attendance and time spent													
				(A=act	ual hou	rs, B	=% of t	total	hours	;)														on a	ctivi	ties	for v	which	I re	ceive	d cas	sh com	pensa	ation.			
			NORM	IAL WOR	KING HO	URS F	OR EMPL	OYEE	_																												
EMPLOYEE TIME RECORD N. J. A. C. 6A:23A-18.4(a) (10) (Formerly N. J. A. C. 6A:23-4.4(a)10)			1.	DAYS OF THE MONTH (P=HOURS WORKED PRIVATE SCHOOL, N=HOURS WORKED NON-PRIVATE SCHOOL)																		_															
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