FISCAL YEAR: _____

APPENDIX F

Date Issued: 6/2010

PRIVATE SCHOOLS FOR STUDENTS WITH DISABILITIES

EMPLOYEE TIME RECORD
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
					IN																																					
					OUT																																					
					IN																																					
					OUT																																					
					IN																																					
					OUT																																					
					IN																																					
					OUT																																					
					IN																																					
					OUT																																					
					IN																																					
					OUT																																					
					IN																																					
					OUT																																					
					IN																																					
					OUT																																					
					IN																																					
					OUT																																					
					IN																																					
					OUT																																					
					IN																																					
					OUT																																					
					IN																																					
					OUT																																					
					IN																																					
					OUT																																					
					IN																																					
					OUT																																					
					IN																																					
					OUT																																					
					IN																																					
					OUT																																					
					IN																																					
					OUT																																					

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: _____