

BRIGANTINE PUBLIC SCHOOL DISTRICT
SUBSTITUTE STAFF MEMBER TIME SHEET

FOR PAYROLL PERIOD ENDING _____

EMPLOYEE'S NAME: _____

DATE	SUBSTITUTE FOR	# OF DAYS/HOURS

TOTAL DAYS/HOURS: _____

I do solemnly declare and certify under the penalties of the law that the hours worked set forth on this time sheet are true and correct.

Our District offers all staff members the opportunity to participate in a tax shelter savings plan. Contributions to these investment programs are strictly voluntary through payroll deduction, with no contribution from the school district. It is the staff member's responsibility to contact the 403(b) representatives and calculate the contribution amount. The necessary paperwork should be forwarded to the Board Office. Information on available vendors can be found by contacting the Board of Education Office.

EMPLOYEE'S SIGNATURE: _____

This is to certify that the number of days/hours stated in the within claim were duly authorized and the employee's services were properly performed. The claim is hereby approved.

SUPERVISOR'S SIGNATURE: _____

SUPERINTENDENT'S SIGNATURE: _____

FORM MUST BE COMPLETED IN FULL, SIGNED AND RETURNED TO THE SUPERINTENDENT'S OFFICE BY THE FIRST WORKING DAY OF THE FOLLOWING PAYROLL PERIOD.

FOR OFFICE USE:

TOTAL HOURS: _____ @ \$ _____ = \$ _____ PAYROLL DEPT. _____ DATE: _____