ARP HOMELESS II GRANT

BRIGANTINE PUBLIC SCHOOL DISTRICT

<u>DISTRICT STAFF MEMBER TIME SHEET – ARP HOMELESS II GRANT</u>

	FOR PAYROLL PERIOD ENDING	
EMPLOYEE'S NAME:		
DATE	ACTIVITY	# OF DAYS/HOURS
	TOTAL DAYS	S/HOURS:
I do solemnly declare and cer correct.	tify under the penalties of the law that the hours worked set fo	orth on this time sheet are true and
investment programs are stricted staff member's responsibility	members the opportunity to participate in a tax shelter saving the ctly voluntary through payroll deduction, with no contribution to contact the 403(b) representatives and calculate the concled to the Board Office. Information on available vendors can be	n from the school district. It is the tribution amount. The necessary
EMPLOYEE'S SIGNATUR	<u>E</u> :	
This is to certify that the nur were properly performed. Th	nber of days/hours stated in the within claim were duly authore claim is hereby approved.	orized and the employee's services
SUPERVISOR'S SIGNATU	JRE:	
SUPERINTENDENT'S SIG	SNATURE:	
	ED IN FULL, SIGNED AND RETURNED TO THE SUPERINTE DLLOWING PAYROLL PERIOD.	ENDENT'S OFFICE BY THE FIRST
FOR OFFICE USE:		

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