## BRIGANTINE PUBLIC SCHOOL DISTRICT

## BEFORE & AFTER CARE PROGRAM DIRECTOR DESIGNEE TIME SHEET

FOR PAYROLL PERIOD ENDING \_\_\_\_\_

EMPLOYEE'S NAME:			
DATE	TIME: FROM/	ГО	# OF HOURS
		<b>TOT</b> 1	LHOURS
		<u>1014</u>	AL HOURS:
I do solemnly declare and cert correct.	ify under the penalties of the law that	the hours worked set f	orth on this time sheet are true and
are strictly voluntary through potentiate the 403(b) representative	ers the opportunity to participate in a tax of a syroll deduction, with no contribution from a sand calculate the contribution amount. To can be found by contacting the Board of Education	m the school district. It he necessary paperwork sl	is the staff member's responsibility to
EMPLOYEE'S SIGNATUR	<u>E</u> :		
This is to certify that the num were properly performed. Th	ber of days/hours stated in the within e claim is hereby approved.	claim were duly author	ized and the employee's services
DIRECTOR'S SIGNATURE	2		
SUPERINTENDENT'S SIG	NATURE:		
FORM MUST BE COMPLETED DAY OF THE FOLLOWING PA	IN FULL, SIGNED AND RETURNED TO T (ROLL PERIOD.	HE SUPERINTENDENT	S OFFICE BY THE FIRST WORKING
FOR OFFICE USE:			
TOTAL HOURS:	@ \$28.00 = \$ PAYRO	LL DEPT.	DATE: