BRIGANTINE PUBLIC SCHOOL DISTRICT BEFORE & AFTER CARE PROGRAM DIRECTOR TIME SHEET

	FOR PAYROLL PERIOD ENDING	
EMPLOYEE'S NAME:		
DATE	TIME: FROM/TO	# OF HOURS
	<u>TOTA</u>	L HOURS:
I do solemnly declare and cert correct.	rify under the penalties of the law that the hours worked set fo	orth on this time sheet are true and
are strictly voluntary through pacontact the 403(b) representative	ers the opportunity to participate in a tax shelter savings plan. Contrayroll deduction, with no contribution from the school district. It is and calculate the contribution amount. The necessary paperwork shean be found by contacting the Board of Education Office.	is the staff member's responsibility to
EMPLOYEE'S SIGNATUR	<u>E</u> :	
This is to certify that the num	ber of days/hours stated in the within claim were duly authori e claim is hereby approved.	zed and the employee's services
DIRECTOR'S SIGNATUR	E:	
SUPERINTENDENT'S SIC	SNATURE:	
	IN FULL, SIGNED AND RETURNED TO THE SUPERINTENDENT'	
FOR OFFICE USE:		

TOTAL HOURS: ______ @ \$35.00 = \$_____ PAYROLL DEPT. _____ DATE: _____