BRIGANTINE PUBLIC SCHOOL DISTRICT BEFORE & AFTER CARE PROGRAM STAFF MEMBER 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 cer correct.	tify under the penalties of the law that the hours worked set fo	orth on this time sheet are true and
are strictly voluntary through p contact the 403(b) representative	pers 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 shound 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 numwere properly performed. Th	aber 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:	
FORM MUST BE COMPLETED DAY OF THE FOLLOWING PA	IN FULL, SIGNED AND RETURNED TO THE SUPERINTENDENT'S YROLL PERIOD.	S OFFICE BY THE FIRST WORKING
EOR OFFICE LISE:		

TOTAL HOURS: ______ @ \$21.00 = \$_____ PAYROLL DEPT. _____ DATE: _____

September 2023