## BRIGANTINE PUBLIC SCHOOL DISTRICT

## BEFORE & AFTER CARE PROGRAM TIME SHEET (TRAINING)

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

EMPLOYEE'S NAME:		
DATE	TIME: FROM/TO	# OF HOURS
	<u>10</u>	TAL HOURS:
I do solemnly declare and cer- correct.	tify under the penalties of the law that the hours worked so	et forth 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. Co ayroll deduction, with no contribution from the school district. es and calculate the contribution amount. The necessary paperworks can be found by contacting the Board of Education Office.	It is the staff member's responsibility to
EMPLOYEE'S SIGNATUR	-	
This is to certify that the numwere properly performed. Th	, 11	norized and the employee's services
SUPERINTENDENT'S SIC	SNATURE:	
FORM MUST BE COMPLETED DAY OF THE FOLLOWING PA	IN FULL, SIGNED AND RETURNED TO THE SUPERINTENDE YROLL PERIOD.	NT'S OFFICE BY THE FIRST WORKING
FOR OFFICE USE:		
TOTAL HOURS:	@ \$14.13 = \$ PAYROLL DEPT.	DATE: