

## **Board of Education**

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## **TIME SHEET**

Month & Year:						1	Name:_				
Location:											
Position:						Office:					
_					_						
Day	Initials	In Time	Out Time	Total		Day	Initials	In Time	Out Time	Total	
1						17					
2						18					
3						19					
4						20					
5						21					
6						22					
7						23					
8						24					
9						25					
10						26					
11						27					
12						28					
13						29					
14						30					
15						31					
16											
TOTAL # OF HOURS:											
EMPLOYEE SIGNATURE:										1.	
										te	
ADMINISTRATOR:										 Date	
BUSINESS OFFICE ONLY											
<b>OVERT</b>	IME:		DOCKED: OTHER:								