ENGLEWOOD PUBLIC SCHOOL DISTRICT

275 Knickerbocker Road
Englewood, NJ 07631

PAYROLL TIME SHEET

Please use this time sheet to secure payment for part-time, extra, hourly, overtime, or substitute service.

Name: _____ Home Address: _____
_____

Social Security # _____ (Last four digits only)

Pay period from _____/_____ to _____/_____/20_____ School/Location: _____
Staff ID # _____

Date	Assignment	Time In	Time Out	Days/Hours/Periods

Total: _____ Days _____ Hours _____ Periods x $_____ = Amount due: $ _____.___

Claimant's Certification: I certify that the above is a true record of services I provided.

_____
Signature Date

Supervisor's Certification: I have personal knowledge and certify that the services above were rendered.

_____
Signature Date

Superintendent's Certification: I have personal knowledge and certify that the services above were rendered.

_____
Signature Date

Payroll Department Certification: I have checked this claim for accuracy, approved it for payment, and charged the following budget account(s).

_____
Signature Date

Budget #: _____ OR Payroll Code: _____

Revised 08/20/2022