HARDYSTON TOWNSHIP BOARD OF EDUCATION
TIME SHEET RECORD

NAME OF EMPLOYEE: _____ DATE: _____

ASSIGNMENT: _____ SCHOOL ☐ ES ☐ MS

PERIOD DATE: ____ 1-15TH OF MONTH ____ 16-31ST OF MONTH

Work completed 1st through the 15th of a month will be paid on the 30th of that month.
Work completed 16th through the 31st of the month will be paid on the 15th of the following month. Payroll is payable semimonthly on the 15th and the 30th of each month.

DATE	ASSIGNMENT	HOURS FROM/TO	TOTAL REGULAR HOURS	OTHER HOURS	"OTHER" HOURS – EXPLANATION IS REQUIRED & MUST BE AUTHORIZED

Instructional aides shall be entitled to the following annual temporary leaves of absence: 2 bereavement for immediate family pursuant to HTEA Article XIX, paragraph (c), 2 personal days, and 10 sick days (pro-rated if necessary). If absent, indicate reason for absence. Regular hours may not exceed board approval. "Other" hours require administrative approval with explanation and signature.

I hereby submit this claim for payment and certify that the time entered on this sheet is correct and said services were rendered as listed and approved by the Hardyston Township Board of Education.

_____ _____
Signature of Employee Date

Signature of Assistant Principal or Principal: _____

Payroll Payment Date: _____ Account # _____

Revised: 10/15/2008