

HOURLY TIMESHEET

Section A

This is to certify that I, (Print Name)

was employed in the following position:

- Teacher Teaching Assistant Teacher Aide Job Coach Cleaner Clerical
 Job Coach Sub Other

Date: <input type="text"/>	For: <input type="text"/>	Hours	Date: <input type="text"/>	For: <input type="text"/>	Hours
Date: <input type="text"/>	For: <input type="text"/>	Hours	Date: <input type="text"/>	For: <input type="text"/>	Hours
Date: <input type="text"/>	For: <input type="text"/>	Hours	Date: <input type="text"/>	For: <input type="text"/>	Hours
Date: <input type="text"/>	For: <input type="text"/>	Hours	Date: <input type="text"/>	For: <input type="text"/>	Hours

Instructions: Please complete Section A (address must be complete) and Section C (if applicable) and forward to your Program Administrator.
If payment for any of the above hours is from a federal source you must complete Section C on the reverse side of this form.

Timesheets must be turned in on a weekly basis

NYS Teachers' Retirement System Membership # (Teacher/Teaching Assistant)
~complete if known~

NYS Employees' Retirement System Membership # (Aide/Cleaner/Clerical)
~complete if known~

SSN

Employee ID # (if known)

Date Signed

Signature

Address **The address field is required to process timesheet.**

Section B

Code

Division Approval Signature

Total Hours x Rate Per Hour = Total

DIVISION STAMP

PAYROLL STAMP

Section C

Daily Log

Employee's Name:

Please Print

Employee Number or Social Security Number:

<i>DATE</i>	<i>HOURS</i>	<i>BRIEF DESCRIPTION OF WORK PERFORMED</i>	<i>GRANT NAME</i>

Employee's Signature: _____

Date:

Supervisor's Signature: _____

Date: