SCOTCH PLAINS FANWOOD BOARD OF EDUCATION
EXTRA PAY TIMESHEET

NAME _____ **DATE** _____

EMPLOYEE # _____ (can be found on check stub in doculivery)

Normal working hours/position_____

DATE WORKED	EXTRA HOURS WORKED ONLY	WORK/POSITION PERFORMED	SPECIFIC REASON(S) FOR NEEDED COVERAGE AND NAME OF PERSON YOU ARE COVERING FOR

TOTAL HOURS WORKED_____**@ $**_____**/HR TOTAL $**_____

DID EMPLOYEE WORK NORMAL/CONTRACTED POSITION (CIRCLE ONE)? YES / NO

SCHOOL _____

EMPLOYEE SIGNATURE _____ **DATE** _____

PRINCIPAL/SUPERVISOR SIGNATURE _____ **DATE** _____

AGENDA APPROVAL DATE _____

AGENDA PAGE# _____

ACCOUNT CODE _____

FORMS NOT FILLED OUT COMPLETELY AND SIGNED BY PRINCIPAL/SUPERVISOR WILL BE RETURNED

12/2022