

**PRIVATE SCHOOLS FOR THE HANDICAPPED
EMPLOYEE TIME RECORD
N.J.A.C. 6:20-4.3(a)9**

ARCHBISHOP DAMIANO SCHOOL

ST. JOHN OF GOD

EMPLOYEE NAME: _____
JOB TITLE: _____

PAY PERIOD ENDING: _____
NORMAL WORKING HOURS: _____ hrs. bi-weekly

CHECK (✓) IF EMPLOYEE WORKS FOR MULTIPLE PROGRAMS AND/OR COMPANIES.

CHECK (✓) THE METHOD USED FOR CHARGING THE EMPLOYEE'S TIME AMONG PROGRAMS/
COMPANIES: ACTUAL HOURS PERCENTAGE OF TOTAL HOURS

DAY	DATE	HOURS PRESENT	HOURS ABSENT	TOTAL	DEPARTMENT/ COMMENTS	EXPLANATION OF ABSENCE
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
TOTAL						

EMPLOYEE CERTIFICATION: I certify that this document is a true report of my attendance and time spent on activities for which I receive cash compensation.

DATE _____ EMPLOYEE SIGNATURE _____

SUPERVISOR VERIFICATION: I have reviewed this document and verify that it is a true report of the employee's attendance and time spent on activities for which compensation is received.

DATE _____ SUPERVISOR SIGNATURE _____

FOR PAYROLL DEPARTMENT USE ONLY						(Type)
RH _____ ()	DEPT _____	RE _____	DEPT _____	H3 _____	E3 _____ ()	
RH _____ ()	DEPT _____	RE _____	DEPT _____	H3 _____	E4 _____ ()	
RH _____ ()	DEPT _____	RE _____	DEPT _____	H3 _____	E5 _____ ()	
1x DED ____ -- _____	1x DED ____ -- _____	1x DED ____ -- _____	1x DED ____ -- _____			