

MONROE TOWNSHIP SCHOOL DISTRICT

PAYROLL TIMESHEET - NURSES

Submit on
Purple Paper

Print Name:	Employee #:
School:	Month/Year:
Indicate Type of Coverage:	

List total number of hours on the specific date below:											
Date	1	2	3	4	5	6	7	8	9	10	
Hours											
Date	11	12	13	14	15	16	17	18	19	20	
Hours											
Date	21	22	23	24	25	26	27	28	29	30	31
Hours											

Description:

Total Hours _____ Rate _____ Total Amount _____

I certify that the above is correct:

Employee's Signature	Date
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Administrative Approval:

Principal/Date

Director/Date

Assistant Superintendent/Date

A fully executed affidavit must reach the Payroll Department at least fifteen (15) working days PRIOR TO THE NEXT SCHEDULED PAY DATE.