

Lower Township Board of Education  
905 Seashore Road, Cape May NJ 08204

PAYROLL TIME SHEET

Employee Name: \_\_\_\_\_

Payroll Period: From \_\_\_\_\_ To \_\_\_\_\_

Check Date: \_\_\_\_\_

<u>Total Hours</u>	<u>Total Days</u>
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Rate: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Date	Reason Worked	Start Time	End Time	Total Hours

Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

**\*\* (All time sheets must be verified and signed by the appropriate Supervisor) \*\***