BOARD OF EDUCATION – CITY OF PLAINFIELD TIME REPORT (Revised 8/24/04 – Form 254B)

Account # _____

☐ **Separate Check** **Agenda Date _____** **Agenda Page No._____**

(Check one) _____ Regular Employee Overtime or Extra Compensation
_____ Hourly Employee Compensation

Employee Name _____ Hourly Rate Claimed $_____
Type of Service or Position _____
Period of Time Covered by This Report: From_____ To _____

THE FOLLOWING PROCEDURE MUST BE FOLLOWED WHEN SUBMITTING TIMESHEETS:

Overtime, extra and hourly compensation is to be reported semi-monthly. The period of the **first through the fifteenth must arrive** in the Payroll Dept. **2 working days after the 15th**. The period of the **sixteenth through the end of the month must arrive** in the Payroll Dept. **on the 2nd working day of the following month.**
Failure to submit timesheets every 15 days requires the Payroll Dept. to research prior payrolls and will definitely result in delay of payment to employees. **NO FAXED COPIES WILL BE ACCEPTED!**
Account number to be charged must be included on the top of the timesheet **and the agenda date/page # the employee is listed.**

DATE	HOURS WORKED				# OF HRS.	TYPE OF WORK	BLDG.	EMPLOYEE'S SIGNATURE
	A.M.		P.M.					
	FROM	TO	FROM	TO				

TOTAL NUMBER OF HOURS _____ X RATE OF $_____ = $_____

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE IS A TRUE RECORD OF SERVICE RENDERED BY THE EMPLOYEE WHOSE NAME APPEARS ABOVE AND WHOSE SIGNATURE IS AFFIXED, AND THAT THE SERVICE RENDERED WAS IN ACCORDANCE WITH PRIOR AUTHORIZATION RECEIVED FROM THE SUPERINTENDENT OF SCHOOLS AND/OR THE SECRETARY - BUSINESS MANAGER.

CHECKED BY: _____ DATE _____
(Signature of Head Custodian – For Custodial Employees Only)

CERTIFIED BY: _____ DATE _____
(Signature of Administrator)