APPENDIX F Date Issued: 6/2006

PRIVATE SCHOOLS FOR THE DISABLED EMPLOYEE TIME RECORD N.J.A.C. 6A:23-4.4(a)10

1. EMPLOYEE'S NAME:						PAYI	PERIOD	ENDI	NG DA'	TE: _				
2. SCHOOL/LOCATION:					5. NORMAL WORKING HOURS:									
3. JOB TITLE :														
6. Check box if employee v	6. Check box if employee works for multiple programs and/or companies.													
7. Check the method used for charging this employee's time among programs/companies. Actual Hours														
Percentage of Total Hours														
8. DAYSOFTHEMONTH													TOTAL	
HOURS WORKED: 9. PRIVATE SCHOOL														
10. NON-PRIVATE SCHOOL														
11. TOTAL													14.	
	S=SICK V=VACATION			1	A=ADMINISTRATIVE H=HOLIDAY						DAY	O=OTHER		
AUTHORIZATION														
EMPLOYEE CERTIFICATION : I certify that this document is a true SUPERVISOR VERIFICATION : I have reviewed this document and verify that														
report of my attendance and time spent on activities for which received cash compensation.						it is a true report of the employee's attendance and time spent on activities for which compensation is received.								
12. EMPLOYEE'S SIGNATURE:	DATE:		13. SU	DATE:										