## PRIVATE SCHOOLS FOR STUDENTS WITH DISABILITIES **EMPLOYEE TIME RECORD** N.J.A.C. 6A:23-4.4(a)10

1. EMPLOYEE'S NAME				4. I	PAY PERIO	DENDI	NGDA	ГЕ				
2. SCHOOL/LOCATION				5. I	NORMAL WORKING HOURS							
3. JOBTITLE												
6. Check box if employee	works for multiple ]	programs and/or co	ompanies.									
7. Check the method used for charg	ging this employee's	time among progra	ams/companies	5.		Act	ual Hou	rs				
						Per	centage	of Total	Hours			
8. DAYSOFTHE MONTH											TOT	AL
HOURS WORKED: 9. PRIVATE SCHOOL												
10. NON-PRIVATE SCHOOL												
11. <b>TOTAL</b>											14.	
I	S=SICK	V=VACATIO	N	A=ADMIN	ISTRATIVE	• • • •	H	HOLI	DAY	I	O=OTHER	
AUTHORIZATION												

		SUPERVISOR VERIFICATION: I have reviewed this document and verify that						
report of my attendance and time spent on activitie received cash compensation.	s for which I	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. SUPERVISOR'S SIGNATURE	DATE					