FISCAL YEAR: APPENDIX F CHECK (X) IF EMPLOYEES WORKING FOR MULTIPLE PROGRAMS AND/OR COMPANIES EMPLOYEE'S CERTIFICATION: Dated Issued 6/2005 PRIVATE SCHOOLS FOR METHOD USED FOR CHARGING EMPLOYEES' TIME AMONG PROGRAMS/COMPANIES I certify that this document is a true report of my attendance and time spent THE DISABLED (A=actual hours, B=% of total hours) on activities for which I received cash compensation. NORMAL WORKING HOURS FOR EMPLOYEE EMPLOYEE TIME RECORD DAYS OF THE MONTH (P=HOURS WORKED PRIVATE SCHOOL, N=HOURS WORKED NON-PRIVATE SCHOOL) N. J. A. C. 6A:23-4.4(a) (10) DAILY TOTALED SIGN HOURS FOR IN-PAY PERIOD **EMPLOYEE** JOB TITLE OUT SIGNATURE IN OUT IN SUPERVISOR'S VERIFICATION: I have reviewed this document and verify that it is a true report SCHOOL/LOCATION S=SICK SUPERVISOR'S SIGNATURE PAY PERIOD ENDING V=VACATION of each employee's attendance and time spent on activities for which compensation is received. SHEET OF H=HOLIDAY O=OTHER