Appendix F Date Issued: 6/2005

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

1. EMPLOYEE'S NAME:					4.	PAYP	ERIOD	ENDIN	GDATE:				
2. SCHOOL/LOCATION:					5.	5. NORMAL WORKING HOURS:							
3. JOB TITLE :													
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=VACATI				A=ADMINISTRATIVE H=HOLIDAY					IDAY	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 I 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:					13. SUPERVISOR'S SIGNATURE:							DATE:	