



BERGEN COUNTY TECHNICAL SCHOOLS / SPECIAL SERVICES

Extended Employment/Hourly - Sign-In Sheet & Pay Authorization

Extended Employment

Hourly Employment

Per Diem

Extended Year Program

MONTH/YEAR:	
STAFF NAME:	
POSITION:	
PROGRAM:	
BOARD RESOLUTION DATE/NUMBER:	

	DATE	ACTIVITY <i>(must be complete)</i>	(Indicate Hours Worked Net of Lunch Period or "X" for Per Diem)		
			START TIME	END TIME	HOURS WORKED
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

TOTAL HOURS WORKED:

EMPLOYEE SIGNATURE _____ DATE _____

PROGRAM ADMINISTRATIVE APPROVAL _____ DATE _____

Hourly employees report semi-monthly & extended employment monthly.

GRANT FUNDED after-school program forms **MUST** be sent to Central Office for approval.

GRANT NAME: _____

CO ADMINISTRATIVE APPROVAL: _____