NEWARK PUBLIC SCHOOLS
OFFICE OF PAYROLL

SUPPLEMENTAL TIME REPORT

PAGE_____OF_____

Type of Service:

CLASS COVERAGE

	FUND	SUB FUND	PROGRAM	FUNCTION	ACCOUNT	DEPT ID	STRATEGY	REGION
EC 16								

SOCIAL SECURITY #	ID NO.	EMPLOYEE NAME	ABSENT EMPLOYEE OR PURPOSE	DATE(S) SERVED	HOURS

I DO HEREBY CERTIFY THAT THE ABOVE IS A TRUE AND ACCURATE RECORD OF SERVICE DURING THE PERIOD SHOWN.

LOCATION CODE

LOCATION

PREPARED BY _____ DATE _____

PRINCIPAL OR SUPERVISOR _____ DATE _____

FROM _____ TO _____
TIME PERIOD COVERED

Revised 7/10