

**Putnam/Northern Westchester
BOARD OF COOPERATIVE EDUCATIONAL SERVICES
200 BOCES Drive, Yorktown Heights, NY 10598-4399**

TIME SHEET

Name: _____ Position: _____

This time sheet is to be submitted by:

- Temporary, part-time employees paid hourly or per diem
- Overtime pay for salaried employees

Supervisor's Name: _____

- Salaried teacher aides and teaching assistants substituting for the following teacher:

Absence Codes (ABS Code)
(To be used by REGULAR hourly employees only)

JD – Jury Duty
OJI- On-the-Job Injury or related absence
A – Absence for any other reason

When submitting on an hourly basis, do not include time taken for lunch (deduct from total daily hours)

Job #	Date	ABS Code	Time From	Time to	Deduction for meal/break time	Total (Hours or Days)

TOTAL HOURS OR DAYS _____

EMPLOYEE'S SIGNATURE **DATE**

TO BE COMPLETED BY DEPARTMENT																
FUND	BUDGET CODE											HRS/DAYS	RATE		TOTAL GROSS	
															=	
															=	
TOTALS																

DIRECTOR'S SIGNATURE **DATE**