BCIT & BCSSSD
STANDARD OPERATING PROCEDURES
TIMESHEETS

All Relevant NJ Statutes, NJ Administrative Codes, District Policies and District Regulations are Incorporated Herein.

Delegation of duties by the Principal does NOT result in his obviation from ultimate responsibility for the entirety of building-level operations.

Maximization of internal control effectiveness is predicated upon optimal management oversight, which begins and is required at the building level.

Any and all procedures included herein are subject to modification by the BA and/or her designee.

In essence, the Time Sheets are the employees' way of saying to their respective supervisors and to the District the following, as indicated in the **RED** fields:

My name is (**#1**) and I work at the (**#2**) campus. I am employed by the District as a (**#3**). If your employment category is something other than what is listed in (**#3**), then hand-write your employment category on the section marked "Other". On this date (**#13**), I am requesting to get paid for (**#11**) hours. These (**#11**) hours were worked on these dates (**column #4**), between these (**columns #5 through #8**) times. I've totaled the number of hours (**column #9**) I worked on each individual day, detailed in **column #4**. I did not work during the time between **columns #6 and #7**, on the respective dates listed in **column #4**. In **column #10**, I explained the work I performed during the number of hours listed in **column #9** for the day I listed in **column #4**. By signing (**#12**) this Time Sheet on this date (**#13**), I am certifying to my supervisor and to the District that everything I've written in **#1 through #13** is true and accurate as of this date (**#13**).

The Time Sheets are the supervisors' way of saying to the District the following, as indicated in the **BLUE** fields:

My dated (**#6**) signature (#5) confirms that the information provided in this Time Sheet is true and accurate as of the date of the employee's signature, which relates to the pay period dates in **fields #1 through #4.**

Also, please keep in mind the following anticipated formal Standard Operating Procedures. These are being repeated because they are the areas that continue to be problematic.

1. We can only pay employees who have been pre-approved by the Board of Education.

2. All Time Sheets are to be completed in their entirety. This includes, but is not limited to, dated signatures. Time Sheets not properly signed and dated will be rejected. Time Sheets that are not signed and dated are the equivalent of no Time Sheets at all.

3. All completed original Time Sheets must be submitted to the Business Office on time. We only pay off original Time Sheets that are submitted on time, which is in accordance with the due date per the 2017-18 Pay Schedule. Time Sheets submitted late may result in delayed payments.

4. Please do not submit photocopies of Time Sheets – we only accept originals.

5. Please use ink.

6. Please do not use whiteout. If there is an error on the Time Sheet, strike through the error and make the correction. Then, initial and date the strike-through and correction. Corrected Timesheets must be re-signed and re-dated by both the employee and the supervisor, reflecting the new date, which is the date of the correction(s).

7. Please ensure that all of the dates entered on the line related to the pay period conform to the dates as they appear on the Pay Schedule for the School Year.

8. The employees, as well as the supervisors, must sign and date the forms. Forms that are not dated will be rejected. This date is the date that the Timesheet is signed.

9. The signature date of the employee should be sometime on or between the last day worked and the Turn-in date. The supervisors' signature dates cannot predate the employees' signature dates.

10. Supervisors are not permitted to date the employees' signatures.

11. Per Diem employees are required to include times that they worked in each particular day, along with the number of hours for which they are requesting payment, regardless of the "per diem" category. All Per Diem workers are to enter the total hours worked in the "Total Hours" field of the Time Sheet, along with the number of units for which you are being paid (i.e.,2 days, 3 days, etc.).

12. Each employee is to submit only 1 Timesheet per pay period.

Burlington County Institute of Technology

Request For Payment

OFFICIAL USE ONLY	
Amount Paid	Date Paid
Account Number/s	

1

Employee Name

2 West ☐ Medford ☐

3

☐Admissions	☐Class Coverage	☐No Child Left Behind	☐ Panther Palate Teacher
☐Adult Ed Teacher	☐Culinary Exp Teacher	☐O/T (OTC,OTS,OTB)	☐ Panther Palate Students
☐ After School SPVR	☐Culinary Students	☐ PSAT Proctor	☐ STW Students
☐ Auxiliary	☐Detention	☐ P/T Bus Driver	☐Special Ed Tutoring
☐Bedside	☐Extra Block	☐P/T Comp Tech	☐ Stage Crew Students
☐ Career Major Tutor	☐ Food Service SPVR	☐P/T School Psychologist	☐Web Maintenance
☐C NA Evaluator	☐IEP Tutoring	☐ P/T Speech Therapist	☐ Work Study SPVR
☐ Child Care	☐Morning Duty	☐ Part Time Teacher	

Other:

Dates Worked	Hours In	Hours Out	Hours In	Hours Out	# of Hours	Explanation of Work/Services *(Please include student name)*
4	5	6	7	8	9	10
			TOTAL HOURS:		11	

Pay Period Beginning 1 *Ending* 2 *Turn In Date* 3 *Pay Date* 4

12 / 13 5 / 6

Employee Signature / Date Supervisor Signature / Date

Employee Signature certifies the above information is true and accurate

☐ Approved

☐Not Approved

Business Administrator Signature / Date

Burlington County
Special Services School District
Request for Payment

OFFICIAL USE ONLY	
Amount Paid	Date Paid
Account Number/s	

Employee please print _____ employee number _____ **Campus**

- ☐ Sub Bus Driver
- ☐ Bus Aide
- ☐ Security
- ☐ Other_____
- ☐ Custodian/Maintenance
- ☐ Evening Program
- ☐ Special Olympics
- ☐ Home Instruction**
- ☐ Chaperone Certified
- ☐ Chaperone Non Certified

Date mm/dd/yy	Hours From	To	Hours From	To	# Of Hours	Explanation of Work/Services *(Please include student name when appropriate)*
TOTAL HOURS						

Pay period ends on the 15th and last business day of month

Employee Signature / Date	Supervisor Signature / Date

Employee Signature certifies the above information is true and accurate

Pay Period: Begin· End· Turn in Date· Pay Date·

*Parent/Guardian Signature** ONLY REQUIRED FOR HOME INSTRUCTION*

☐ Approved

☐Not Approved

Business Administrator Date:

Revised 09.19.2019