

SOUTH SHORE REGIONAL SCHOOL BOARD CASUAL REPLACEMENT TIME REPORT

Employee Information:

Last Name _____ **First Name** _____

Employee Number _____ Employee # on Direct Deposit Slip _____

Hourly Rate _____ **Location** _____

Please select appropriate classification

<input type="checkbox"/> Secretary	<input type="checkbox"/> Program Support Assistant
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Lunch/Student Supervisor
<input type="checkbox"/> Library Assistant	<input type="checkbox"/> Tutor
<input type="checkbox"/> Other (explain)	<input type="checkbox"/> Summer School Teacher

Date (MM/DD/YY)		Hours	Person Replacing & Reason
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		

Employee Signature: _____ Date: _____

Principal/Supervisor: _____ Date Sent to Payroll: _____

Fax to: 902-541-3060 or 902-541-3051

Note: ALL NEW EMPLOYEES MUST HAVE ALL PAYROLL FORMS PROPERLY COMPLETED, APPROVED AND SENT TO HUMAN RESOURCES (BRIDGEWATER OFFICE) BEFORE BEING SET UP ON PAYROLL.