

STIPENDED POSITION
REPORT OF HOURS WORKED

This report is due to your supervisor by the 5th of the following month

Employee Name (Print) _____

Stipended Position _____

TO BE COMPLETED BY NHRS RETIREES:

REPORT OF HOURS FOR THE MONTH OF: January, 2014

Start Date	End Date	Hours Worked
1/1/2014	1/3/2014	
1/4/2014	1/10/2014	
1/11/2014	1/17/2014	
1/18/2014	1/24/2014	
1/25/2014	1/31/2014	

I certify the information provided above is true and accurate. I understand that I may be subject to disciplinary action, up to and including termination, if the information I have provided is false. I further exempt the District from any penalties that may be levied based on any false information I have provided.

Employee Signature & Date

TO BE COMPLETED BY NON-NHRS RETIREES

I understand this reporting is required as a result of House Bill 342 which requires employers to report monthly to the New Hampshire Retirement System information regarding NHRS retirees on their payroll, including hours worked and compensation paid.

I certify I was NOT classified as a NHRS retiree during this month and am therefore exempt from this reporting requirement. I understand that I may be subject to disciplinary action, up to and including termination, if the information I have provided is false. I further exempt the District from any penalties that may be levied based on any false information I have provided.

Employee Signature & Date