

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: June, 2014

Start Date	End Date	Hours Worked
6/1/2014	6/6/2014	
6/7/2014	6/13/2014	
6/14/2014	6/20/2014	
6/21/2014	6/27/2014	
6/28/2014	6/30/2014	

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