# Cliffside Park Public Schools

## Time Sheet: HOME TUTORING

**EMPLOYEE NAME:**

MONTH:

Signature, Employee

Signature, Director of Special Services

Signature, Superintendent

| Student Initial ONLY | DATE | TOTAL HOURS WORKED |
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| Student Initial ONLY | DATE | TOTAL HOURS WORKED |
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**TOTAL HOURS:** {Must be filled in}

This orginal form must be sent to the Special Services Department for approval by the 1st of each month.
After approval it will then be sent to the Payroll Department for payment by the 3rd of each month.
**PAYROLL DEPT MUST RECEIVE ORIGINAL FORM. PHOTO COPIES WILL NOT BE PROCESSED FOR PAYMENT.**