Cliffside Park Public Schools

TIME SHEET - VARIOUS PROGRAMS

PROGRAM:

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Signature, Employee

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Signature, Supervisor or Principal

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Signature, Superintendent

EMPLOYEE NAME:

MONTH:

DATE	HOURLY RATE	# HOURS WORKED	AMOUNT DUE	DATE	HOURLY RATE	# HOURS WORKED	AMOUNT DUE

Totals: {Must be filled in}

HOURS	AMOUNT DUE

THIS FORM IS DUE IN THE PAYROLL DEPARTMENT BY THE 1ST OF EACH MONTH.

PAYROLL DEPT MUST RECEIVE ORIGINAL FORM. PHOTO COPIES WILL NOT BE PROCESSED FOR PAYMENT.