

Cliffside Park Public Schools
TIMESHEET: Miscellaneous
DAILY HOURS PER WEEK

EMPLOYEE NAME:

JOB TITLE: Teacher Aide _____
 Bus Aide _____
 Other _____

 Signature, Employee

 Signature, Principal/CST Director

 Signature, Superintendent

WEEK OF: _____

MONDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____	TUESDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____	WEDNESDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____	THURSDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____	FRIDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____
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WEEK OF: _____

MONDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____	TUESDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____	WEDNESDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____	THURSDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____	FRIDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____
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WEEK OF: _____

MONDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____	TUESDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____	WEDNESDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____	THURSDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____	FRIDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____
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WEEK OF: _____

MONDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____	TUESDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____	WEDNESDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____	THURSDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____	FRIDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____
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WEEK OF: _____

MONDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____	TUESDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____	WEDNESDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____	THURSDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____	FRIDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____
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THIS FORM MUST BE FILLED IN COMPLETELY AND SIGNED BY BOTH THE EMPLOYEE AND THE PRINCIPAL/SUPERVISOR TO RECEIVE PAYMENT.

TOTAL HOURS WORKED: _____