Cliffside Park Public Schools TIMESHEET: Miscellaneous		EN	IPLOYEE NAME:	
DAILY HOURS PER WEEK			Signature, Employee	n
JOB TITL	E: Teacher Aide Bus Aide Other		Signature, Principal/CST Director	
WEEK OF:			Signature, Superintendent	
MONDAY: TIME IN:	TUESDAY: TIME IN:	wednesday: TIME IN:	THURSDAY: TIME IN:	FRIDAY: TIME IN:
TIME OUT:	TIME OUT:	TIME OUT:	TIME OUT:	TIME OUT:
# HRS:	# HRS:	# HRS:	# HRS:	# HRS:
WEEK OF:	٦			
MONDAY: TIME IN:	TUESDAY: TIME IN:	wednesday: TIME IN:	THURSDAY: TIME IN:	FRIDAY: TIME IN:
TIME OUT:	TIME OUT:	TIME OUT:	TIME OUT:	TIME OUT:
# HRS:	# HRS:	# HRS:	# HRS:	# HRS:
WEEK OF:				
MONDAY: TIME IN:	TUESDAY: TIME IN:	wednesday: TIME IN:	THURSDAY: TIME IN:	FRIDAY: TIME IN:
TIME OUT:	TIME OUT:	TIME OUT:	TIME OUT:	TIME OUT:
# HRS:	# HRS:	# HRS:	# HRS:	# HRS:
WEEK OF:	7			
MONDAY: TIME IN:	TUESDAY: TIME IN:	wednesday: TIME IN:	THURSDAY: TIME IN:	FRIDAY: TIME IN:
TIME OUT:	TIME OUT:	TIME OUT:	TIME OUT:	TIME OUT:
# HRS:	# HRS:	# HRS:	# HRS:	# HRS:
WEEK OF:	7			
MONDAY: TIME IN:	TUESDAY:	WEDNESDAY:	THURSDAY:	FRIDAY: TIME IN.
TIME IN: TIME OUT:	TIME IN: TIME OUT:	TIME IN: TIME OUT:	TIME IN: TIME OUT:	TIME IN: TIME OUT:
# HRS:	# HRS:	# HRS:	# HRS:	# HRS:
THIS FORM MUST BE FILLED IN COMPLETELY AND SIGNED BY BOTH THE EMPLOYEE AND THE PRINCIPAL/SUPERVISOR TO RECEIVE PAYMENT.				TOTAL HOURS WORKED: