

**Cliffside Park Public Schools**  
**TIMESHEET: MISCELLANEOUS**  
**ADDITIONAL HOURS WORKED**  
**MONTH OF:** \_\_\_\_\_

**EMPLOYEE NAME:**

\_\_\_\_\_  
 Signature, Employee

\_\_\_\_\_  
 Signature, Principal/CST Director

\_\_\_\_\_  
 Signature, Superintendent

**JOB TITLE:** Teacher Aide \_\_\_\_\_  
 Bus Aide \_\_\_\_\_  
 Other Job Title: \_\_\_\_\_

**WEEK OF:** \_\_\_\_\_

<b>MONDAY:</b> TIME IN: _____ TIME OUT: _____ # HRS: _____	<b>TUESDAY:</b> TIME IN: _____ TIME OUT: _____ # HRS: _____	<b>WEDNESDAY:</b> TIME IN: _____ TIME OUT: _____ # HRS: _____	<b>THURSDAY:</b> TIME IN: _____ TIME OUT: _____ # HRS: _____	<b>FRIDAY:</b> TIME IN: _____ TIME OUT: _____ # HRS: _____
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**WEEK OF:** \_\_\_\_\_

<b>MONDAY:</b> TIME IN: _____ TIME OUT: _____ # HRS: _____	<b>TUESDAY:</b> TIME IN: _____ TIME OUT: _____ # HRS: _____	<b>WEDNESDAY:</b> TIME IN: _____ TIME OUT: _____ # HRS: _____	<b>THURSDAY:</b> TIME IN: _____ TIME OUT: _____ # HRS: _____	<b>FRIDAY:</b> 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:** \_\_\_\_\_