Cliffside Park Public Schools

TIME SHEET: OTHER APPROVED HOURS

Signature, Employee

Signature, Supervisor

Approved

EMPLOYEE NAME:

MONTH:

HOME LOCATION:

PLEASE REFER TO INSTRUCTIONS BELOW

DO NOT USE THIS FORM FOR AFTER SCHOOL PROGRAMS UNLESS INSTRUCTED TO DO SO BY L. LUDWIKOWSKI OR M. ROMAGNINO

REASON FOR ADDL HOURS (i.e. Long term temporary Instruction, etc.)	HOURLY RATE	DATES WORKED	TOTAL HOURS	AMOUNT DUE

IT IS ESSENTIAL THAT ALL BOXES (INCLUDING TOTALS) ARE FILLED IN TO GUARANTEE PAYMENT.
ANY INCOMPLETE TIME SHEETS WILL BE RETURNED TO EMPLOYEE AND WILL DELAY PAYMENT PROCESS.

TOTAL HOURS:

HOME TUTORING MUST BE SUBMITTED MONTHLY AND NOT HELD UP TO ACCUMLATE MULTIPLE MONTHS INTO ONE PAYMENT.

AMOUNT DUE:

THIS ORIGINAL FORM MUST APPROVED BY THE SUPERVISOR AND SENT TO BE SENT TO THE PAYROLL DEPT. BY THE 1ST WORKING DAY OF EACH MONTH. **NO FAXED COPIES. ORIGINAL SIGNED FORMS ONLY.**