



# Cliffside Park Public Schools

# GRADES: 4 - 8

**EMPLOYEE NAME:**

**EMPLOYEE'S HOME SCHOOL:**

**MONTH:**

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

\_\_\_\_\_  
Signature, Project Director

\_\_\_\_\_  
Signature, Superintendent of Schools

DATE	HOURLY RATE	# HOURS WORKED	AMOUNT DUE

DATE	HOURLY RATE	# HOURS WORKED	AMOUNT DUE

**Totals: (Must be filled in)**

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**THIS FORM IS DUE IN THE OFFICE OF THE PROJECT DIRECTOR ON THE SECOND TO LAST WORKING DAY OF EACH MONTH FOR PROPER PAYROLL PROCESSING.**