Cliffside Park Public Schools

After School K-3

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)	

THIS FORM IS DUE IN THE OFFICE OF THE PROJECT DIRECTOR ON THE SECOND TO LAST WORKING DAY OF EACH MONTH FOR PROPER PAYROLL PR0CESSING.

10/20