

Cliffside Park Public Schools
TIMESHEET: SECRETARIAL
DAILY HOURS PER WEEK

EMPLOYEE NAME: _____

MONTH: _____

 Signature, Employee

 Signature, Principal/CST Director

 Signature, Superintendent

WEEK OF: _____

MONDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____ REASON: _____	TUESDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____ REASON: _____	WEDNESDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____ REASON: _____	THURSDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____ REASON: _____	FRIDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____ REASON: _____
---	--	--	---	---

WEEK OF: _____

MONDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____ REASON: _____	TUESDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____ REASON: _____	WEDNESDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____ REASON: _____	THURSDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____ REASON: _____	FRIDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____ REASON: _____
---	--	--	---	---

WEEK OF: _____

MONDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____ REASON: _____	TUESDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____ REASON: _____	WEDNESDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____ REASON: _____	THURSDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____ REASON: _____	FRIDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____ REASON: _____
---	--	--	---	---

WEEK OF: _____

MONDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____ REASON: _____	TUESDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____ REASON: _____	WEDNESDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____ REASON: _____	THURSDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____ REASON: _____	FRIDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____ REASON: _____
---	--	--	---	---

WEEK OF: _____

MONDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____ REASON: _____	TUESDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____ REASON: _____	WEDNESDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____ REASON: _____	THURSDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____ REASON: _____	FRIDAY: TIME IN: _____ TIME OUT: _____ # HRS: _____ REASON: _____
---	--	--	---	---

**THIS FORM MUST BE FILLED IN COMPLETELY:
 BOTH TIME IN & TIME OUT; #HRS & REASON
 SIGNATURE OF THE EMPLOYEE AND PRINCIPAL
 OR SUPERVISOR REQUIRED TO RECEIVE PAYMENT.**

TOTAL HOURS WORKED: _____