Liffside Fark Public Sc		Signature, Employee			
EMPLOYEE NAME:			Name of the Control o	Signature, Supervisor	
ONTH:	9				
	AF	TER SCHOOL TIN	<b>ЛЕЅНЕЕТ</b>	A	Approved
EASE REFER TO INSTRUCTIONS BELOW	/				
REASON FOR ADDL HOURS	HOURLY	DATES	TOTAL	AMOUNT	New Jersey
e. Long term temporary Instruction, etc.)	RATE	WORKED	HOURS	DUE	21 Cloudowy
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					Preschool around
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		Name of the Control o			
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S ESSENTIAL THAT <u>ALL</u> BOXES (INCLUDIN Y INCOMPLETE TIME SHEETS WILL BE RET	UDNED TO EARL OVE	IN TO GUAKANTEE PAYN	ENT DDOCESS		TOTAL HOURS:
INCOMPLETE TIME SHEETS WILL BE RET	UKINED TO EIVIPLOYE	E AND WILL DELAY PAYIVI	ENT PROCESS.		HOURS: