

Cliffside Park Public Schools
 Time Sheet: CHAPERONES

MONTH:

 Signature, Supervisor

 Signature, Principal

 Signature, Superintendent

EMPLOYEE NAME	DATE	EVENT	TOTAL WORKED
TOTAL EVENTS:			{Must be filled in}

THIS FORM IS DUE IN THE PAYROLL DEPARTMENT BY THE 1ST OF EACH MONTH.
PAYROLL DEPT MUST RECEIVE ORIGINAL FORM. PHOTO COPIES WILL NOT BE PROCESSED FOR PAYMENT.
 CHAP9/11