Cliffside Park Public Schools

Time Sheet: INTRA MURALS

EMPLOYEE NAME:

MONTH:

Signature, Employee

Signature, Athletic Director

Signature, Principal

Signature, Superintendent

DATE	ACTIVITY	TOTAL # STUDENTS	TOTAL HOURS

TOTAL HOURS: {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.