

Cliffside Park Public Schools AFTER SCHOOL TIMESHEET

Employee Name:

Month:

Employee Signature:

Approved:

Supervisor Signature:

REASON FOR ADDL HOURS	HOURLY RATE	DATES WORKED	total hours	AMOUNT DUE
			1	
IT IS ESSENTIAL THAT ALL BOXES (INCL PAYMENT.	UDING TOTALS)	ARE FILLED IN TO GUARANT	EE	TOTAL HOUF

THIS ORIGINAL FORM MUST BE APPROVED BY THE SUPERVISOR AND SENT TO THE PAYROLL DEPT. BY 1ST WORKING DAY OF EACH MONTH. NO FAXED COPIES. ORIGINAL SIGNED FORMS ONLY

AMOUNT DUE