

Cliffside Park Public Schools Long Term Temporary Instruction Timesheet

Employee Name:

Month:

Employee Signature:

Approved:

Supervisor Signature:

REASON FOR ADDL HOURS	HOURLY RATE	DATES WORKED	total hours	AMOUNT DUE
		TO REED	1100100	DUL

IT IS ESSENTIAL THAT ALL BOXES (INCLUDING TOTALS) ARE FILLED IN TO GUARANTEE PAYMENT.

TOTAL HOURS

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