



**Cliffside Park Public Schools  
After School – ARP  
High Impact Tutoring Program Timesheet**

Employee Name: \_\_\_\_\_  
School: \_\_\_\_\_

Month: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Principal or Supervisor Signature: \_\_\_\_\_

<b>DATES WORKED</b>	<b>TOTAL HOURS</b>	<b>HOURLY RATE</b>	<b>AMOUNT DUE</b>

**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 1<sup>ST</sup> WORKING DAY OF EACH MONTH. NO FAXED COPIES. ORIGINAL SIGNED FORMS ONLY**

**AMOUNT DUE**