

**PAYMENT.** 

## Cliffside Park Public Schools After School – Title One High Impact Tutoring Program Timesheet

ool:				
oyee S	ignature:			
cipal or	Supervisor Signature:	:		
Γ	DATES WORKED	TOTAL HOURS	HOURLY RATE	AMOUNT
	DATES WORKED	IOIAL HOUKS	HOURLI KAIL	DUE
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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

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

**TOTAL HOURS** 

**AMOUNT DUE**