



410 SECOND STREET
 PALISADES PARK - NJ 07650
 Salfaro@palpkschools.org

PAYROLL TIMESHEET

Name: _____

School/Location: _____

Pay Date: _____

Date: _____

ACTIVITY (Please check one box):

- | | |
|---|--|
| <input type="checkbox"/> Athletics/Weight Room
<input type="checkbox"/> Breakfast Club
<input type="checkbox"/> Bus Monitor/Aide
<input type="checkbox"/> CST Hours
<input type="checkbox"/> Custodian Overtime
<input type="checkbox"/> Custodian Double Time
<input type="checkbox"/> Drivers
<input type="checkbox"/> ESY Program | <input type="checkbox"/> Home Instruction
<input type="checkbox"/> Lunch Aide
<input type="checkbox"/> Part Time Custodian
<input type="checkbox"/> Per Diem Substitute
<input type="checkbox"/> Permanent Substitute
<input type="checkbox"/> Stipend
<input type="checkbox"/> Technology
<input type="checkbox"/> Translation
<input type="checkbox"/> Other |
|---|--|

PLEASE COMPLETE ONE TIMESHEET PER ACTIVITY

DATE	TIME IN	TIME OUT	DESCRIPTION	TOTAL HOURS

Employee's Signature _____

Date _____

Supervisor's Signature _____

Date _____

FOR BOARD OFFICE USE ONLY	
ACCT #:	Amount Paid: \$
Hourly Rate:	Resolution No.: