

Hackensack Public Schools

2023-2024

PRINT EMPLOYEE NAME: **POSITION:**

Date Of Service	Time In	Time Out	Reason for Service	Covering for	Room #	Account Code	Total Hours	Contractual Rate of Pay	Amount of Pay

ALL information must be completed in order for this timesheet to be processed.

I do declare that the services itemized in the above timesheet have been rendered by me.

Employee Signature	Date

Principal or Supervisor Signature	Date

Principal or Supervisor Signature	Date

*BOARD APPROVAL DATE	
AGENDA ITEM NUMBER	

**Stipends, ESY, Trainers, Credit Recovery, Facilitators, Students*

Approving Administrator Signature	Date

BA	
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