

Staff Name: _____

Day and Date	Location / Position / Services	***Description***	Time In	Time Out	Total Hrs.	Daily Total Weekly Total	Cust. Initials

Indicate if overnight (Y/N) Please indicate in Description *

Date	Times	Explanation for additional work	# of hrs./days	Approved By:

I certify that the hours/days documented on this time sheet are a true representation of the hours and services I worked during this pay period. Further, I verify that I did not work any hours, during this pay period, that are not documented on this time sheet.

Employee/Contractor Signature: _____

Date: _____

Required Approvals

For all programs:

Supervisor Signature: _____

Date: _____

Finance Only:													
_____	@	_____	R	_____	OT	_____	V	_____	S	_____	H	_____	P
_____	@	_____	R	_____	OT	_____	V	_____	S	_____	H	_____	P
_____	@	_____	R	_____	OT	_____	V	_____	S	_____	H	_____	P
_____	@	_____	R	_____	OT	_____	V	_____	S	_____	H	_____	P
_____	@	_____	R	_____	OT	_____	V	_____	S	_____	H	_____	P
_____	@	_____	R	_____	OT	_____	V	_____	S	_____	H	_____	P