EMPLOYEE NAME					TODAY'S DATE:		
EMPLOYEE ID#					HOURLY RATE:		
SITE NAME	: <u></u>				PAYROLL PERIOD:		_
FUNDING 63	CODE: - 9019 -	- 0000 Goal	- 6000 ·	Site	- 0 - 222	- 29	

WORK PERIOD:			11		to		_ 10	
	Month	Day	Year		Month	Day	Year	

		IVIONTN	Day	Year	Month	Day Year
DAY	HOURS	DESCRIPTION OF WORK		DAY	HOURS	DESCRIPTION OF WORK
11				27		
12				28		
13				29		
14				30		
15				31		
16				1		
17				2		
18				3		
19				4		
20				5		
21				6		
22				7		
23				8		
24				9		
25				10		
26				TOTAL HOURS:		

Timesheets must be submitted to the appropriate supervisor no later than the 12th day of each month. PLEASE NOTE: <u>Timesheets must be complete prior to submitting to the District Office for processing.</u>

EMPLOYEE	SUPERVISOR'S
SIGNATURE:	SIGNATURE: