EMPLOYEE NAME:				TODAY'S DATE:	
EMPLOYEE ID #:				HOURLY RATE:	
SITE NAME:				PAYROLL PERIOD:	
FUNDING CODE:		1110 - 1000		- 222 - 29	
Fund	Resource	Goal Function	Site Yr		

 WORK PERIOD:
 11
 to
 10

 Month
 Day
 Year
 Month
 Day
 Year

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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: