TIMESHEET

Name: _____ Month and Year: _____

Address: Location: _____

_____

Home Phone Number: _____

Normal Schedule: _____ Hours Worked Per Week: _____

☐ ***PLEASE CHECK IF CHANGE IN ADDRESS OR PHONE NUMBER***

Date	Time In	Time Out	B	Time In	Time Out	B	Time In	Time Out	B	Actual Hours Worked	Paid Leave*	Total Paid Hours
1												0.00
2												0.00
3												0.00
4												0.00
5												0.00
6												0.00
7												0.00
8												0.00
9												0.00
10												0.00
11												0.00
12												0.00
13												0.00
14												0.00
15												0.00
-												0.00
Totals										0.00	0.00	0.00

I CERTIFY THAT THE ABOVE IS CORRECT AND THAT PAYMENT HAS NOT BEEN RECEIVED.

Employee Signature: _____ Date _____ Supervisor Signature _____ Date _____

Overtime Approved (less than 40 hours) _____

Supervisor's Initial _____ Reason _____

Overtime Approved (over 40 hours) _____

Executive Director's Signature _____ Reason _____

* Paid Leave includes Annual, Sick, Holidays, Jury Duty, Funeral Leave, Floating Leave, Etc…

☐ Hold (Hermiston) ☐ Mail (Check or Direct Deposit Stub)

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
Work Performed	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
General																	
Answering Phone																	
Agency Month End Reports																	
Community Meetings/Contacts																	
Computer Work																	
Copying																	
Employee Evaluation/Supervision																	
Filing																	
Intra-Agency Meetings																	
Leave																	
Maintenance																	
Monitors																	
Paperwork																	
Training																	
Travel Time																	
Education																	
Children's/Client's Files																	
Classroom Instruction																	
Classroom Prep (Lesson Plan)																	
Home Visit - Education																	
Home Visit - Social Serv/Pl																	
Home Visit - Health Info/Ed																	
Home Visit - Nutrition Ed																	
Mental Health Observation																	
Mental Health Consultation																	
Classroom Observation																	
RIF Program																	
Health/Vision Screening																	
Administration & Fiscal																	
Accounts Payable/Receivable																	
Payroll																	
Bank Reconciliation																	
Budgets/Grants																	
Inventory																	
Purchasing																	
Other Fiscal Work																	
Reports - Other Fund Sources																	