

# 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												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
<b>Totals</b>												

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, Bereavement Leave, Floating Leave, Etc...

Hold (Hermiston)

Mail (Check or Direct Deposit Stub)





# Umatilla-Morrow Head Start, Inc.

## Administrative Cost Report

Employee \_\_\_\_\_

Month \_\_\_\_\_

Note: Darkened area is for fiscal office use only.

Date	Head Start/OPP/EHS		WIC				CCR&R			Other			Leave	Total
	Prog	Admin	Prog	Nut Ed	BF	BF/PC	CCR&R	Mentor	UCCF	FSC	Training			
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
Totals														

Employee Signature \_\_\_\_\_

Supervisor Signature \_\_\_\_\_