

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
Totals												

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)

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	QI/OR	FNN	FSC	Legacy	CASA	Healthy Start		

Employee Signature _____

Supervisor Signature _____