Time Sheet

Employee #

Name
Address
City,State,Zip
Contact phone: _____
Employee e-mail _____

Pay period start date: _____
Pay period end date: _____
Program: HHS Tech
Program Supervisor: _____

Day	Date	Description of Activity	Regular Hours	Other Hours	Total
Thursday					
Friday					
Monday					
Tuesday					
Wednesday					
	Total hours				
	Rate per hr				$15.00
	Total pay				

We hereby certify that these hours have been worked as described and are approved for payment.

_____
Signature Date

_____
Supervisor's Signature Date

Please submit hours worked Thur through Wed by 11 am on Wednesday.