

TIME SHEET

Employee's Full Name: _____

Employee's Address: _____

Employee's Phone Number: _____

Pay Period: From _____ To _____

Day	Date Month/Day	Time In	Time Out	Total Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
			Total Weekly Hours	

Day	Date Month/Day	Time In	Time Out	Total Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
			Total Weekly Hours	

Total for this two-week period _____

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal civil or administrative penalties for fraud, false statements, false claims, or otherwise.

Employee's Signature

Supervisor's Signature