

TIME SHEET

NAME: _____
 HOME DEPT: _____
 PERIOD: _____

EMPLOYEE #: _____

Day of Month	IN	OUT	Reporting Code	Hours Worked by Service/Program						Total Hours
				REGULAR	CDBG		PTO	OTHER	HD	
1			WKD/HOL	-	-	-	-	-	-	-
2										
3										
4										
5										
6										
7			WKD/HOL							
8			WKD/HOL							
9										
10										
11										
12										
13										
14			WKD/HOL							
15			WKD/HOL							
16										
17										
18										
19										
20										
21			WKD/HOL							
22			WKD/HOL							
23										
24										
25										
26			WKD/HOL							
27			WKD/HOL							
28			WKD/HOL							
29			WKD/HOL							
30										

Hours	-	-	-	-	-	-	-
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%'s if Applicable	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
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EXEMPT EMPLOYEE

CDBG PHX
HD HOME DEPARTMENT
OTHER Other Programs

 Employee Signature Date

 Supervisor Signature Date