



# CERTIFICATED TIME SHEET

NAME (LAST, FIRST): \_\_\_\_\_ ID #: \_\_\_\_\_ SITE: \_\_\_\_\_

MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

DATE	IN	OUT	IN	OUT	OFFICE USE ONLY Total Hours	PROGRAM/PURPOSE	NAME OF ABSENT EMPLOYEE	SPECIAL PROGRAM/FUNDING

<b>OFFICE USE ONLY: Combo code</b>	
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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Time Sheet will be returned if not signed by Employee/Supervisor**  
Revised 8/2018 LL