

# Time Sheet

CSA# **CSA0000123436** Sub# **077**

**Luann Innamorato**  
(609) 547-8671

Site: Rsc for Ind Living Vineland  
Phone: (856) 825-0255

Supervisor: Fran D'agostino  
Phone: (856) 825-0255

Example	1 Sat	2 Sun	3 Mon	4 Tue	5 Wed	6 Thu	7 Fri	8 Sat	9 Sun	10 Mon	11 Tue	12 Wed	13 Thu	14 Fri	15	16
1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input checked="" type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
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.5 <input checked="" type="checkbox"/>	.5 <input type="checkbox"/>	.5 <input type="checkbox"/>	.5 <input type="checkbox"/>	.5 <input type="checkbox"/>	.5 <input type="checkbox"/>	.5 <input type="checkbox"/>	.5 <input type="checkbox"/>	.5 <input type="checkbox"/>	.5 <input type="checkbox"/>	.5 <input type="checkbox"/>	.5 <input type="checkbox"/>	.5 <input type="checkbox"/>	.5 <input type="checkbox"/>	.5 <input type="checkbox"/>	.5 <input type="checkbox"/>	.5 <input type="checkbox"/>
4.5			6	7						7		7	4			

Payroll Period:

Start 12/12/2017 End 12/16/2017

Enter Total and In-Kind with only one decimal (Example 2.5). Grand Total:

Do not leave In-Kind blank! Write "0" if no In-Kind hours.

31

The undersigned hereby certify that the report is correct for the payroll period

In-Kind:

20

Participant Signature Luann Innamorato 12-14-17 12/14/2017

Site Supervisor Signature [Signature] 12/14/2017

Completed timesheets can be either faxed or emailed to the number or address below.

OJE ☐

Training ☐

Fax to: (703) 997-6645

Email to: 077@ncoa.org

**DO NOT SEND COVER SHEETS. DO NOT SEND ANYTHING IN ADDITION TO YOUR TIME SHEET SENDING COVER SHEETS OR OTHER DOCUMENTS WILL CAUSE ERRORS, AND YOU MAY NOT GET PAID. DO NOT USE SOME ELSE'S TIME SHEET. THE HOURS WILL NOT BE CREDITED TO YOU. USING SOMEONE ELSE'S TIME SHEET WILL CAUSE ERRORS FOR BOTH OF YOU.**