

Time Sheet

CSA# | **CSA0000118236** | Sub# | **075** |

Ronald Bracken
(724) 464-8311
Site: Chestnut Hills Social Center
Phone: (724) 459-5251
Supervisor: Michele Haynes
Phone: (724) 459-5251

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"/>
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4.5			5		5		5			5		5		5		

Payroll Period: Start 12/1/2017 End 12/15/2017 Enter Total and In-Kind with only one decimal (Example 2.5). Grand Total: 30
Do not leave In-Kind blank! Write "0" if no In-Kind hours. In-Kind: 6

The undersigned hereby certify that the report is correct for the payroll period
Participant Signature Ronald Bracken 12/15/2017 Site Supervisor Signature Michele Haynes 12/15/2017

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

Fax to: 1-814-938-5301
Email to: lmcneil@agecapathstone.org
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NEED TO SUBMIT TO THE SITE THAT EMPLOYER HAS A RIGHT TO REMOVE FROM EMPLOYMENT