

Time Sheet

CSA# | **CSA0000120048** | Sub# | **075** |

Sharon Shields

Site: Center for Family Services Inc

Supervisor: Tomasina leech

(814) 547-1824

Phone: (814) 337-8450

Phone: (814) 337-8450

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"/>
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4.5			3	3	3	3	3			3	3	3	3	3		

Payroll Period:

Start 12/01/20 End 12/15/20

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.

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

In-Kind: 15

Participant Signature

Sharon Shields 12/15/20

Site Supervisor Signature

[Signature] 12/15/20

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

OJE ☐ Training ☐

Fax to: 717-264-7176

Email to: rmcghee@pathstone.org

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