Time Sheet

Payroll Period:  Start 12 / 02/20 17 End 12 / 15/20 17 Enter Total and In-Kind with on Do not leave In-Kind blank  The undersigned hereby certify that the report is correct for the payroll period  Participant Signature Control of the payroll period	4.5	5 X	Reserve   Section   Sect	CSA#
Payroll Period: Start 18 / 02/2017 End 12 / 15 /2017 Enter Total and In-Kind with only one decimal (Example 2.5). The undersigned hereby certify that the report is correct for the payroll period Participant Signature	4 7.5	55 bis	Phone: (814) 451-5612  Phone: (814) 451-5612  ed 6 Thu 7 Fri 8 Sat 8 Sun Mon    1	3636
ecimal (Example 2.5). Grand Total: 0" if no In-Kind hours. In-Kind: 5 ature OJE Training	7,5 7,5	- 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	Phone: (814) 440-7315  Phone: (814) 440-7315  True   12   13   14   15   16   17   17   18   18   18   18   18   18	sub#   075

Fax to: 717-264-7176

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