

Time Sheet

CSA# | CSA000123007 | Sub# | 078 |

Richard Parrent

Site: Neighbors Helping Neighbors

Supervisor: Todd Young

(606) 547-8502

Phone: (606) 327-5677

Phone: (606) 327-5677

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

Payroll Period:

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

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

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

Grand Total:

30

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

Participant Signature Richard Parrent 12/14/2017 Site Supervisor Signature Todd Young 12/14/2017

In-Kind:

4.5

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

Fax to: (703) 997-7220

Email to: 078@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 SOMEONE 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.

OJE ☐ Training ☐