

# Time Sheet

CSA# | **CSA0000118810** | Sub# | **077** |

Aaron Williams  
(856) 209-8317

Site: Touch Food Pantry Camden.  
Phone: (856) 761-4489

Supervisor: Carol Russell  
Phone:

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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.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				5	5		5				5	5		5		

## Payroll Period:

Start 12/02/2017 End 12/15/2017

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.

30

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

In-Kind:

4

Participant Signature Aaron Williams 12/13/2017 Site Supervisor Signature SKF 1/1/20

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

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