. *	四面	Ω	_		<i>,,,,</i> =			4.	e e		1					1111	1			
DO NOT SEND COVER SHEETS. DO NOT SEND ANYTHING IN ADDITION TO YOUR TIME SHEET S WILL CAUSE ERRORS, AND YOU MAY NOT GET PAID. DO NOT USE SOME ELSE'S TIME SHEET USING SOMEONE ELSE'S TIME SHEET WILL CAUSE ERRORS FOI	Fax to: Email to:	Completed timesheets can be either faxed or emailed to the number or address below.	Participant Signature Elean Constitution	The undersigned hereby certify that the report is correct for the payroli period	Payroli Period: Start 12 12	4.5	×	_   _	8 7	□ [	4 m	<u>∞</u> [	» <u> </u>	Example:	717) 331	Eleanor Brown	27			
D NOT SEND COVER SHEETS. DO NOT SEND ANYTHING IN ADDITION TO YOUR TIME SHEET SI WILL CAUSE ERRORS, AND YOU MAY NOT GET PAID. DO NOT USE SOME ELSE'S TIME SHEET. USING SOMEONE ELSE'S TIME SHEET WILL CAUSE ERRORS FOI	(717)	timeshee	Signatur	rsigned t	#iod: /20_/20_	39)		1 [			4 7	<u>د</u> د		Sat	331-2777	nwo				
PER SHEE	9717-HOR(17)	its can be	3 3 8	rereby c	<i>1</i> 7 E		<u>.</u>	<u>ן</u>	8 7	6	4 r.	ν ν	د د 	Sun 2	8	1 11				
TS. DO A N UOY OII N	177-1	either f	A WAY	erity th	End 12	G	in	ן נ	<u> </u>				ÌŌ	Non						
NAY NOT NAY NOT NAY SON	76	axed or	L	at the re	121/5/2017	4	in					<sup>ω</sup> Γ		d Tug			CSA#			
O NOT SEND ANYTHING IN ADDITION TO YOUR TIME SHEET SENDING COVER IN MAY NOT GET PAID. DO NOT USE SOME ELSE'S TIME SHEET. THE HOURS WILL CAUSE ERRORS FOR BOTH OF YOU.		emailed	Phones VS	port is c	17			Ĺ	7					Pen s	Pho	Site	CS			1
IING IN / ID. DO N SE'S TIN		to the no		correct f	Enter To		<u>.</u>	Ĺ			4 [	ω N		i i	ne: 717	Wayne	A00		5.0	
ADDITION OT USE ME SHEET		ımber or	15 1 20 17 Site Supervisor Signature	or the p	Enter Total and In-Kind with only one decim Do not leave In-Kind blank! Write "0" if	U	Ш	Ĺ						1 Size	Phone: 7177625840	Site: Waynesboro Human Services	CSA0000109967	Tim		
WILL CA		address	Sile Sup	ayroll pe	I-Kind wi		<u>.</u>	Ĺ				<u> </u>		Sal M	0	duman	3996	Time Sheet		
UR TIME SE'S TIN		below.	ervisor (	riod	th only o blanki W			Ĉ			ו בו	ω N		Brown in		Service	57	<b>#</b>		13
SHEET S TE SHEET RORS FO			Signature	76	ne decin rite "O" K	7		Ľ						Months II		v.	Sub#			
ENDING			C		nel (Exer	N	<u>د</u>	Ľ		6 0		ω r <sub>0</sub>			Phor	adns	075			
ENDING COVER SHEETS OR OTHER DOCUMENTS THE HOURS WILL NOT BE CREDITED TO YOU.	30 F 30		ruse	e :	rel (Example 2:5). no In-Kind hours.			Ľ				<u> </u>	וֹםוֹ	Wed 13	Phone: (717) 762-6941	Supervisor:	Uī			
TL NOT E			22		' ' '	7		اً "				<u>ه</u>			1 762-6	Denise				
OR OTHE		∐ Š	2	in-Kind:	Grand Total:			-  -	<b>H</b> _H		<del> </del>			77 16	947	Esser	2	7.5 <u></u>	159	
R DOCU		Training	15/20	· (Λ	30	!				6 5 1				For First F						1157
MENTS		ing	7 03		TO .	[							_ 6							

No. 0629 P. 2/6