

Time Sheet

David Williamson

CSA#

CSA00000124275

Sub#

075

Site: Saint Martins Center

Supervisor: Margie Olszewski

(814) 403-1909

Phone: (814) 452-6113

Phone: (814) 452-6118

Example	1 Sun	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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Payroll Period:

Start 12/2/2017 End 12/15/2017

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

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

Do not leave in-kind blank. Write "0" if no in-kind hours.

Participant Signature

David Williamson 15/2017 Site Supervisor Signature

In-Kind:

2

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

Fax to: 717-264-7176

Email to: rmaghee@pathstone.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 SOME 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 ☐