Time Sheet

CSA# | **CSA000012345 7** | Sub# | **075** |

Rainy Stevens
(814) 720-9372

Site: Center for Family Services
Phone: (814) 337-8450

Supervisor: Thomasina Braner
Phone: (814) 337-8450

Payroll Period:
Start 12 / 02 / 2017   End 12 / 15 / 2017

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

Participant Signature _Rainy Stevens_   12/15/20 17

Site Supervisor Signature _____ 12/15/20 17

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

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: 16   **In-Kind:** 15

OJE ☐   Training ☐

Fax to: 717-264-7176
Email to: rmcghee@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.

Day	Total
Example (4.5)	
1 Sat	5
2 Sun	
3 Mon	
4 Tue	5
5 Wed	3
6 Thu	2
7 Fri	5
8 Sat	
9 Sun	
10 Mon	5
11 Tue	
12 Wed	3
13 Thu	2
14 Fri	5
15	
16	5