1016 La Posada, Ste. 200 & 280 Austin, TX 78752 512.502.9990 Fax 877.249.1231

Supervisor Signature:

## **TIME SHEET**

Date:

Consultant Name: WILLIAM ROGERS	Tit	Title: INSTRUCTOR				
Consultant Number:	Status: Contract					
Department: CSN	Supervisor: Michael Brown					
Date	Start Time	End Time	Regular Hrs.	Break/Lunch Hrs.	Total Hrs.	
Tues: 2/25					3	
Thurs: 2/27					3	
<b>X</b> t: 3/4					3	
Tuesday 3/4						
		WEEKLY TOTALS:			9	
Employee Signature:	Rogers		D	ate: 02/02/2014		