



TIME SHEET



Staff / Tutor Name: _____

Time Period: _____ MONTH _____ YEAR

Please round time to nearest quarter hour.

WEEK DAY	DATE	Location Site	Time Start	Time End	Program Hours	Admin Hours	#of Students Tutored	Mileage	# of Parents/ Teachers Contacted	Progress reports Comments Additional Notes: (Please indicate any additional information pertinent to site. Ex: student / teacher / tutor behaviors, grades, interactions, etc.)
MONDAY	01/01/18	PC	2:00	6:00						
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										
SATURDAY										
TOTAL HOURS PER WEEK					0.00	0.00	0	0.00	0	
MONDAY										
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										
SATURDAY										
TOTAL HOURS PER WEEK					0.00	0.00	0	0.00	0	
MONDAY										
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										
SATURDAY										
TOTAL HOURS PER WEEK					0.00	0.00	0	0	0	
					Program Hours	Admin Hours		Mileage		
TOTALS PER PAY-PERIOD					0.00	0.00		0.00		

I hereby certify that the hours reflected on My Timesheet, is 100% of time and effort spent working on The Family Institute for Health and Human Services 21st Century Community Learning Center Grant Reimbursement Afters-School Program.

Staff Signature: _____

Date: _____

Approved by Lead Teacher/Site Supervisor: _____	Date: _____
Approved by Director or Program Director: <u>I verify that the hours are 100% 21st Century Community Learning Center</u>	Date: _____

FOR OFFICE USE ONLY:		Note for Mileage: Addresses to and from Must be Documented			PAYROLL TOTALS	
TOTAL PROGRAM HOURS	0.00	RATE:	\$ -	\$ -		
TOTAL ADMIN HOURS	0.00	STIPEND	\$ -	\$ -		
TOTAL MILEAGE	0.00	MILEAGE:	0.55	\$ -	\$ -	