

TIMESHEET

Staff / Tutor Name: _____ Time Period: _____ 20 _____
MONTH YEAR

Please round time to nearest quarter hour.

	DATE	Location Site	Time Start	Time End	Program Hours	Admin/ Hours	Site Coordinator Initials	#of Student Tutored	# of progress reports	# of parents /teachers contacted	Progress reports Comments Additional Notes: (Please indicate any additional information pertinent to site. Ex: student / teacher / tutor behaviors, grades,
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Total Hrs Per Week											
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Total Hrs Per Week											
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Total Hrs Per Week											

Staff's / Tutor Signature: _____ Date: _____ 20 _____

I hereby certify that for the hours reflected on this timesheet, reflect 100% of time and effort spent working on 21 st CCLC for The Family Institute for Health and Human Services 21 st Century Community Learning Center.	
Approved by Site Supervisor:	Date:
Approved by Director or Asst. Director: I verify that the hours are 100% 21st Century Community Learning Center	Date:

TOTAL _____