

SYEP at Miles Employee Time Sheet

NAME: _____ **PAY PERIOD:** 6/22/2009 **ENDS:** 07/05/09

Site Location: _____ **Employee Status:** Non-Exempt
Manager Name: _____ **Employee Phone:** _____
Site Assignment: _____ **Manager Phone:** _____

Regular Schedule: _____ **Number of Weekly Hours:** _____

PLEASE COMPLETE ALL SECTIONS AND SIGN

Day of Week	Time In	Time Out	Time In	Time Out	Total Hours	Overtime Hrs	Sick Hrs	Vacation Hrs
Mon 6/22								
Tue 6/23								
Wed 6/24								
Thu 6/25								
Fri 6/26								
Sat 6/27								
Sun 6/28								
Mon 6/29								
Tue 6/30								
Wed 7/1								
Thu 7/2								
Fri 7/3								
Sat 7/4								
Sun 7/5								

This Time sheet is due 07/07/09		Total Hrs:			
Pay date: 07/10/09		Rate/Hr:	8.75		
		Total \$:	0.00		

Employee Signature **Date** **Manager Signature** **Date**
Grant Line Item: _____ **Cost Center:** _____

Please submit to the SYEP at Miles Administrative Offices. Please print sign and fax to our offices. Please call our program office at 929-1405 if you have any questions about timesheets. Fax Number 449-2495