

### SYEP at Miles Employee Time Sheet

**NAME:** \_\_\_\_\_ **PAY PERIOD:** 7/20/2009 **ENDS:** 08/02/09

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 7/20								
Tue 7/21								
Wed 7/22								
Thu 7/23								
Fri 7/24								
Sat 7/25								
Sun 7/26								
Mon 7/27								
Tue 7/28								
Wed 7/29								
Thu 7/30								
Fri 7/31								
Sat 8/1								
Sun 8/2								

<b>**This Time sheet is due 08/03/09**</b>		<b>Total Hrs:</b>	
<b>Pay date: 08/07/09</b>		<b>Rate/Hr:</b>	8.75
		<b>Total \$:</b>	0.00

Employee 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