SYEP at Miles Employee Time Sheet

NAME:_____ PAY PERIOD: **7/6/2009** **ENDS:07/19/09**

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 7/6								
Tue 7/7								
Wed 7/8								
Thu 7/9								
Fri 7/10								
Sat 7/11								
Sun 7/12								
Mon 7/13								
Tue 7/14								
Wed 7/15								
Thu 7/16								
Fri 7/17								
Sat 7/18								
Sun 7/19								
****This Time sheet is due 07/20/09****					**Total Hrs:**			
Pay date: 07/25/09					**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