



## TIME SHEET

\_\_\_\_\_  
 Youth Name: Last, First

\_\_\_\_\_  
 Week Ending Date (Sunday)

TIER 1

TIER 2

TIER 3

THIS CARD MUST SHOW EXACT NUMBER OF HOURS WORKED

DAY/DATE	BEGINNING	LUNCH		ENDING	HOURS WORKED		COMMENTS
		OUT	IN		HOURS	MINS	
MON							
TUE							
WED							
THURS							
FRI							
SAT							
SUN							

TOTAL TIME IS TO BE REPORTED IN QUARTER HOURS, I.E. 15 MINUTES = .25; 30 MIN = .5; 45 MIN = .75

I hereby certify that this card shows a correct daily record of hours worked by me during the period covered.

COMMENTS:

\_\_\_\_\_  
 Youth Signature/Date

\_\_\_\_\_  
 Program Supervisor's Signature/Date

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_  
 (SPAP Program Supervisor)

Submitted to: Chatham Personnel  
 Date: \_\_\_\_\_

**Fax to: 912-525-1609 Every Friday by 5pm**

(SIP Personnel)