

Central Coast Kids & Families, LLC Support Staff Time Sheet

Pay Period # _____ Pay Period Dates _____ Date Due _____

Employee's Name: _____

Student's Initials: _____

Day	Date	Regular Hours				Hours	Training/Meeting		Hours	Site/Training/Meeting
		Time In	Time Out	Time In	Time Out		Time In	Time Out		
Mon										
Tue										
Wed										
Thu										
Fri										
Mon										
Tue										
Wed										
Thu										
Fri										
Mon										
Tue										
Wed										
Thu										
Fri										
						Total Regular Hours:				
						Total Training Hours:				

Employee Signature: _____ Date _____

District Signature: _____ Date _____
Must have District signature prior to submitting timesheet to Central Coast Kids & Families, LLC office.

Supervisor Signature: _____ Date _____

PLEASE MAKE A COPY FOR YOUR RECORDS & READ THE BACK CAREFULLY!

I hereby certify that I have not sustained any injury and the hours show hereon were worked by me during week ending designated, and were certified by an authorized representative of the Customer. I understand that I am to contact the Central Coast Kids & Families, LLC office after completing this assignment to discuss another assignment, and if I do not do so, Central Coast Kids & Families, LLC may assume that I am not available to work.