

**SOUTH CENTRAL MISSOURI
COMMUNITY ACTION AGENCY
TIME SHEET**

EMPLOYEE _____ S.S.# _____

DEPARTMENT _____ PAY PERIOD ENDING _____

PROJECT	S	M	T	W	T	F	S	S	M	T	W	T	F	S	TOTAL
	-----						-----	-----						-----	
HOURS WORKED	-----						-----	-----						-----	
LEAVE: ANNUAL															
LEAVE: SICK															
LEAVE: PERSONAL															
LEAVE: OTHER															
HOLIDAY															
TOTAL HOURS	-----						-----	-----						-----	

TOTAL MILEAGE FOR PAY PERIOD FROM TRAVEL LOG: _____

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____

TOTAL HOURS PAID _____

TOTAL MILES PAID _____