SOUTH CENTRAL MISSOURI COMMUNITY ACTION AGENCY

TIME SHEET

MPLOYEES.S.#															
DEPARTMENT	PERIO	RIOD ENDING													
PROJECT	S	М	Т	W	Т	F	S	S	М	Т	W	Т	F	S	TOTAL
HOURS WORKED															
LEAVE: ANNUAL															
LEAVE: SICK															
LEAVE: PERSONAL															
LEAVE: OTHER															
HOLIDAY															
TOTAL HOURS															
TOTAL MILEAGE FOR PAY F	PERIO	D FR	OM TI	RAVE	L LOG) :					-				
EMPLOYEE SIGNATURE										DA	ΤE				
SUPERVISOR SIGNATURE DATE															
	TOTAL HOURS PAID														
	TOTAL MILES PAID														

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