

# 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
CSBG (MIS, FS, School Fair, Taxes, etc.)															
TEAM CASE MANAGEMENT															
EA / ECIP															
HEAD START (Referral)															
WIA / CAP (Referral)															
WEATHERIZATION / HTF															
MACA HOUSING															
EFSP															
DOLLAR HELP															
DOLLAR MORE															
OTHER:															
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 \_\_\_\_\_

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SUPERVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TOTAL HOURS PAID \_\_\_\_\_

TOTAL MILES PAID \_\_\_\_\_