

**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															
HOURS WORKED FROM HOME															
TRAINING FROM HOME															
TOTAL HOURS WORKED															
LEAVE: ANNUAL															
LEAVE: SICK															
LEAVE: EMERGENCY SICK															
LEAVE: EMERGENCY FMLA															
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 \_\_\_\_\_