SOUTH CENTRAL MISSOURI
COMMUNITY ACTION AGENCY
TIME SHEET

EMPLOYEE _____ S.S.# _____

DEPARTMENT _____ PAY PERIOD ENDING _____

JOB TITLE /CENTER _____

AVERAGE WEEKLY HOURS _____

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: HS/EHS/EXP COVID-19															
LEAVE: ANNUAL															
LEAVE: SICK															
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 _____