| SOUTH CENTRAL MISSOURI<br>COMMUNITY ACTION AGENCY<br>TIME SHEET |        |        |        |      |   |   |   |      |         |                   |      |   |   |   |          |  |
|---|--------|--------|--------|------|---|---|---|------|---------|-------------------|------|---|---|---|----------|--|
| EMPLOYEE  |        | S.S.#  |        |      |   |   |   |      |         |                   |      |   |   |   |          |  |
| DEPARTMENT/PROGRAM  |        |        |        |      |   |   |   |      |         | PAY PERIOD ENDING |      |   |   |   |          |  |
| TITLE & CENTER  |        |        |        |      |   |   |   |      | _       |                   |      |   |   |   |          |  |
| PROJECT   | s      | М      | Т      | W    | Т | F | S | S    | м       | Т                 | W    | т | F | S | TOTAL    |  |
|   |        |        |        |      |   |   |   |      |         |                   |      |   |   |   |          |  |
|   |        |        |        |      |   |   |   |      |         |                   |      |   |   |   | ļ        |  |
|   |        |        |        |      |   |   |   |      |         |                   |      |   |   |   |          |  |
|   |        |        |        |      |   |   |   |      |         |                   |      |   |   |   |          |  |
|   |        |        |        |      |   |   |   |      |         |                   |      |   |   |   | <u> </u> |  |
|   |        |        |        |      |   |   |   |      |         |                   |      |   |   |   | <u> </u> |  |
|   |        |        |        |      |   |   |   |      |         |                   |      |   |   |   |          |  |
|   |        |        |        |      |   |   |   |      |         |                   |      |   |   |   |          |  |
|   |        |        |        |      |   |   |   |      |         |                   |      |   |   |   |          |  |
|   |        |        |        |      |   |   |   |      |         |                   |      |   |   |   |          |  |
| HOURS WORKED  |        |        |        |      |   |   |   |      |         |                   |      |   |   |   |          |  |
| LEAVE: ANNUAL   |        |        |        |      |   |   |   |      |         |                   |      |   |   |   |          |  |
| LEAVE: SICK   |        |        |        |      |   |   |   |      |         |                   |      |   |   |   |          |  |
| LEAVE: PERSONAL   |        |        |        |      |   |   |   |      |         |                   |      |   |   |   | <u> </u> |  |
| LEAVE: OTHER  |        |        |        |      |   |   |   |      |         |                   |      |   |   |   |          |  |
| HOLIDAY   |        |        |        |      |   |   |   |      |         |                   |      |   |   |   |          |  |
| TOTAL HOURS   |        |        |        |      |   |   |   |      |         |                   |      |   |   |   |          |  |
| TOTAL MILEAGE FOR PAY PERIC                                     | DD FRC | OM TRA | AVEL I | _OG: |   |   |   |      | -       |                   |      |   |   |   |          |  |
| EMPLOYEE SIGNATURE  |        |        |        |      |   |   |   |      |         |                   | DATE |   |   |   | _        |  |
| SUPERVISOR SIGNATURE  |        |        |        |      |   |   |   |      |         |                   | DATE |   |   |   | _        |  |
|   |        |        |        |      |   |   |   | тоти | AL HOU  | IRS PA            | AID  |   |   |   | _        |  |
|   |        |        |        |      |   |   |   | тоти | AL MILE | ES PAI            | D    |   |   |   | _        |  |