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 FROM HOME															
TRAINING FROM HOME															
TOTAL HOURS WORKED															
LEAVE: ANNUAL															
LEAVE: SICK															
LEAVE: PERSONAL DAY															
LEAVE: OTHER															
HOLIDAY															
TOTAL HOURS															

TOTAL MILEAGE FOR PAY PERIOD FROM TRAVEL LOG: _____

EMPLOYEE SIGNATURE _____ **DATE** _____

SUPERVISOR SIGNATURE _____ **DATE** _____

FOR FISCAL OFFICE USE ONLY

TOTAL HOURS PAID _____

TOTAL MILES PAID _____

SOUTH CENTRAL MISSOURI COMMUNITY ACTION AGENCY

TRAVEL LOG

EMPLOYEE: _____ PAY PERIOD ENDING: _____

DATE	DEPARTURE - DESTINATION - PURPOSE	ODOMETER START	ODOMETER FINISH	MILES
COMMENTS:		TOTAL MILEAGE:		

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____