TIMESHEET

New Haven Youth & Family Services, Inc.

Employee Name: _____ Base Location: _____

Pay Period From _____ To _____

Date		Time In	AM or PM	Time Out	AM or PM	Time In	AM or PM	Time Out	AM or PM	Total Hours	Salaried Employees Only						Location	Reg	Training	CHG V=VAC S=Sick	Holiday
											A	B	C	D	E	F					
1	16																				
2	17																				
3	18																				
4	19																				
5	20																				
6	21																				
7	22																				
8	23																				
9	24																				
10	25																				
11	26																				
12	27																				
13	28																				
14	29																				
15	30																				
	31																				

*** RCL Allocation**

A = Child Care/Supervision B=Social Work C=Training D=GH Administration E=TBS F=Instructor

I hereby certify that I have correctly recorded actual hours worked and have reported any and all on-the-job injuries to the Human Resources Department

Employee Signature Date

Supervisor Approval Date

I understand that I will not be paid for the full two (2) hours of training/meeting on _____, as I reported late or was not able to remain for personal reasons.

Employee Signature Date

Supervisor Approval Date

Revised as of 9/24/2009