## SYEP at Miles Employee Time Sheet

**NAME:**_____ PAY PERIOD: **8/3/2009** **ENDS:08/07/09**

**Site Location:** _____ **Employee Status:** Non-Exempt
**Manager Name:** _____ **Employee Phone:** _____
**Site Assignment:**_____ **Manager Phone:** _____

**Regular Schedule:** _____ **Number of Weekly Hours:** _____

*PLEASE COMPLETE ALL SECTIONS AND SIGN*

| Day of Week | Time In | Time Out | Time In | Time Out | Total Hours | Overtime Hrs | Sick Hrs | Vacation Hrs |
|---|---|---|---|---|---|---|---|---|
| **Mon 8/3** | | | | | | | | |
| **Tue 8/4** | | | | | | | | |
| **Wed 8/5** | | | | | | | | |
| **Thu 8/6** | | | | | | | | |
| **Fri 8/7** | | | | | | | | |
| **Sat 8/8** | | | | | | | | |
| **Sun 8/9** | | | | | | | | |
| **Mon 8/10** | | | | | | | | |
| **Tue 8/11** | | | | | | | | |
| **Wed 8/12** | | | | | | | | |
| **Thu 8/13** | | | | | | | | |
| **Fri 8/14** | | | | | | | | |
| **Sat 8/15** | | | | | | | | |
| **Sun 8/16** | | | | | | | | |
| ****This Time sheet is due 08/10/09**** | | | | **Total Hrs:** | | | | |
| **Pay date: 08/14/09** | | | | **Rate/Hr:** | 8.75 | | | |
| | | | | **Total $:** | **0.00** | | | |

Employee Signature Date Manager Signature Date

Grant Line Item: Cost Center:

**Please submit to the SYEP at Miles Administrative Offices. Please print sign and fax to our offices.**

**Please call our program office at 929-1405 if you have any questions about timesheets.**

**Fax Number 449-2495**