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## **Time Sheet**

<del></del>		Employee_		
	Billing Period	to	, 20	offinion.
Date		Time		Total Hours
		to		
		to		
		to		
	· -	to		
		to		
		to		
		to		H-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
		to		<u> </u>
		to		
o comple	ete monthly maximum hou		ce hours bille	d:
		Employee Signatu	ıre:	
	Paren	t/Guardian Signatı	ıre:	
		nd Sick Time from		

## Description Date Time Hours eg: June workshop, mandated reporter training, ect... 6/08/18 7:00pm 9:00pm 2 hrs. eg: Sick, illness, sick immediate family member, ect... 6/27/18 11:00am 2:00pm 3 hrs.