

COUNTY OF CUMBERLAND PART TIME EMPLOYEE'S TIME SHEET

ORGANIZATION # 501266 NAME: C. C. Senior Aide Program
 DEPT NAME

X Nonexempt
 X Irregular hours
 X Hourly

PAY PERIOD TO LEAVE Emp#

DATE DAY		ACTUAL TIME OF DAY IN AND OUT							ACTUAL TIME OF DAY IN AND OUT							
		SUN	MON	TUES	WED	THUR	FRI	SAT	SUN	MON	TUES	WED	THUR	FRI	SAT	
TIME OF DAY																
IN																
OUT																
IN																
OUT																
TOTALS																
PAY LEAVE																
EVENT																
102-HOURLY																
		SUMMARY - ACTUAL HOURS AND MINUTES FIRST WEEK							SUMMARY - ACTUAL HOURS AND MINUTES SECOND WEEK							TOTALS

M u n i c i p a l C o d e s

I HEREBY CERTIFY THAT THIS IS A CORRECT STATEMENT AND INCLUDES TOTAL HOURS WORKED EACH WORKDAY FOR THE PERIOD COVERED AS INDICATED AT THE TOP OF THIS PAGE.

I HEREBY APPROVE THIS STATEMENT OF TOTAL HOURS AND THAT THE TIME INDICATED IS CORRECT.

CHECKED BY _____ DATE _____
 SUPERVISOR _____ DEPARTMENT HEAD SIGNATURE _____ DATE _____