FOUNDATION FOR EARLY CHILDHOOD EDUCATION, INC.
SUBSTITUTE TIMESHEET

EMPLOYEE'S NAME: _____ FILE# : _____

JOB DESCRIPTION: _____ DATE: _____

CLASS: _____ SITE: _____ FROM: **09/01/17** TO: **09/15/17**

ALL TIME SHEETS MUST BE TURNED IN BY 12PM THE NEXT WORKING DAY AFTER EACH PAY PERIOD

DATE	IN	OUT	IN	OUT	TOTAL HRS	SITE	INITIAL
TOTAL HOURS							

EMPLOYEE'S SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____

COMMENTS: _____