

FOUNDATION FOR EARLY CHILDHOOD EDUCATION, INC.

PART YEAR TIMESHEET

EMPLOYEE'S NAME: _____ FILE#: _____

JOB DESCRIPTION: _____ Schedule: **FD PD DOSAGE** DATE: _____

CLASS: _____ SITE: _____ FROM: **10/16/17** TO: **10/31/17**

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

DATE	IN	OUT	IN	OUT	TOTAL WORKING HRS	OT Hours	SICK Hours	UNION HRS	JURY DUTY HRS	BEREAVEM ENT PAY	LEAVE W/O PAY
10/16/17											
10/17/17											
10/18/17											
10/19/17											
10/20/17											
10/21/17	S A T U R D A Y										
10/22/17	S U N D A Y										
10/23/17											
10/24/17											
10/25/17											
10/26/17											
10/27/17											
10/28/17	S A T U R D A Y										
10/29/17	S U N D A Y										
10/30/17											
10/31/17											
TOTAL HOURS											

EMPLOYEE'S SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____

COMMENTS: _____

Payroll Use ONLY:							
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NOTE: OT requires approval signatures by both supervisor and director; (2) Sick and vacation leaves require approved RTO.