

Northern Will County Special Recreation Association Time Sheet

NAME _____

PAY PERIOD _____

FIRST WEEK OF PAY PERIOD (MONDAY THROUGH SUNDAY)

DATE	IN	OUT	STAFF TITLE*	PROGRAM NAME	VEHICLE/ TRAVEL TIME	PROG. PREP	PROG. HOURS	STAFF MEET. HOURS	OFFICE HOURS	TOTAL HOURS
				TOTALS WEEK #1						

SECOND WEEK OF PAY PERIOD (MONDAY THROUGH SUNDAY)

DATE	IN	OUT	STAFF TITLE*	PROGRAM NAME	VEHICLE/ TRAVEL TIME	PROG. PREP	PROG. HOURS	STAFF MEET. HOURS	OFFICE HOURS	TOTAL HOURS
				TOTALS WEEK #2						

STAFF TITLE*	Regular Pay Hours Week #1	Over Time Pay Week #1	Total Hours Week #1	Regular Pay Hours Week #2	Over Time Pay Week #2	Total Hours Week #2	Total Hours For Pay Period
Program Supervisor (PS)							
Program Assistant (PA)							
Recreation Aide (RA)							
Vehicle Driver (D)							
D.C. Head Counselor (HC)							
D.C. Counselor (C)							
D.C. Driver (CD)							
Swim Supervisor (SS)							
Swim Instructor (SI)							
Inclusion Aide (IA)							
Training (T)							
TOTALS							

Signature of Employee

Approved HR/Training Manager

Approved