

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	DRIVER	PROG. PREP	PROG. HOURS	TOTAL HOURS
				TOTALS WEEK #1				

SECOND WEEK OF PAY PERIOD (MONDAY THROUGH SUNDAY)

DATE	IN	OUT	STAFF TITLE*	PROGRAM NAME	DRIVER	PROG. PREP	PROG. HOURS	TOTAL HOURS
				TOTALS WEEK #2				

Below is for office use only

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)							
Adult Day Program Staff (ALL)							
Swim Supervisor (SS)							
Swim Instructor (SI)							
Inclusion Aide (IA)							
Training (T)							
Vehicle Driver (D)							
D.C. Head Counselor (HC)							
D.C. Counselor (C)							
D.C. Driver (CD)							
TOTALS							

Signature of Employee _____

Approved HR/Training Manager _____

Approved _____