

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	TOTAL HOURS
				TOTALS WEEK #1		

SECOND WEEK OF PAY PERIOD (MONDAY THROUGH SUNDAY)

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

Below is for office use only

STAFF TITLE*	Total Hours Week #1	Total Hours Week #2	Total Hours For Pay Period
Program Supervisor (PS)			
Program Assistant (PA)			
Adult Day Program Staff (ALL PS)			
Swim Supervisor (SS)			
Swim Instructor (SI)			
Inclusion Aide (IA)			
Training (T)			
Vehicle Driver (D)			
D.C. Head Counselor (HC)			
D.C. Counselor (C)			
Intern (I)			
TOTALS			

.25	15 minutes
.50	30 minutes
.75	45 minutes
1.0	1 hour
1.25	1 hour 15 minutes

Signature of Employee _____

Approved _____