

TIMESHEET

Staff / Tutor Name: _____ Time Period: _____ 20____
MONTH YEAR

Please round time to nearest quarter hour.

	DATE	Location Site	Time Start	Time End	Program Hours	Admin/ Hours	Site Coordinator Initials	#of Student Tutored	# of progress reports	# of parents /teachers contacted	Progress reports Comments Additional Notes: (Please indicate any additional information pertinent to site. Ex: student / teacher / tutor behaviors, grades,
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											
Total Hrs Per Week											
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											
Total Hrs Per Week											
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											
Total Hrs Per Week											

Staff's / Tutor Signature: _____ Date: _____

I hereby certify that for the hours reflected on this timesheet, reflect 100% of time and effort spent working on 21 st CCLC for The Family Institute for Health and Human Services 21 st Century Community Learning Center.							
Approved by Site Supervisor:						Date:	
Approved by Director or Asst. Director:						Date:	
6300.110.113	6300.110.151	5350.110.113	5350.110.131	5350.110.198	5350.110.311	5350.110.332	6550.110.331
Director Pay	OFFICE SUPPORT	Director/Super	instruct support/Site C	TUTOR PAY	Contractor Service	Travel Reimbursement	Transportation
\$	\$	\$	\$	\$	\$	\$	\$

TOTAL HOURS _____

Day of Month	Progress reports / Comments / Additional Notes: (Please indicate any additional information pertinent to site. Ex: student / teacher / tutor behaviors, grades, interactions, etc.)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

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Date: _____

6300.110.113 Director Pay	6300.110.151 OFFICE SUPPORT	5350.110.113 Director/Super	5350.110.131 instruct support/Site C	5350.110.198 TUTOR PAY	5350.110.311 Contractor Service	5350.110.332 Travel Reimbursement	6550.110.331 Transportation



The Family Institute for Health and Human Services



Day of Month	Progress reports / Comments / Additional Notes: (Please indicate any additional information pertinent to site. Ex: student / teacher / tutor behaviors, grades, interactions, etc.)
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	