

KENOSHA AREA FAMILY AND AGING SERVICES, INC.

TIME SHEET

FULL TIME & SALARIED

Employee's Name _____

Month & Year _____ Program _____

INSTRUCTIONS: Time sheets must be turned in to your supervisor & Fiscal Dept. the day after the pay period ends. Separate sheets must be completed for each pay period.

DATE	DATE	HOURS WORKED		PERSONAL	VAC	SICK	HOLIDAY	COMP	OTHER	Comments
	16									
1										
	17									
2										
	18									
3										
	19									
4										
	20									
5										
	21									
6										
	22									
7										
	23									
8										
	24									
9										
	25									
10										
	26									
11										
	27									
12										
	28									
13										
	29									
14										
	30									
15										
	31									
Column Total										

Total Hours: _____ Employee's Signature _____

Supervisor's Signature _____