

**KENOSHA AREA FAMILY & AGING SERVICES, INC.**

**TIME SHEET  
PART TIME**

**Employee's Name** \_\_\_\_\_

**Month & Year** \_\_\_\_\_ **Program** \_\_\_\_\_

**INSTRUCTIONS:** Time sheets must be turned into your supervisor by the 15<sup>th</sup> & the last working day of the month.

DATE	DATE	HOURS WORKED	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		

**Total Hours** \_\_\_\_\_

**Employees Signature** \_\_\_\_\_

**Supervisor's Signature** \_\_\_\_\_