

2020-2021 Operations Support Staff Timesheet

Agency Name: _____

Payee Name: _____

Date	Time In	Time Out	Total Hours
TOTAL # OF HOURS			
Total # of Hours x Rate (\$)			

Payee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Amount Paid: _____

Check Number: _____

Check Date: _____