



SUBSTITUTE

Time Allocation and Attendance Report

For Fiscal Use Only

Narrative Codes

- | | |
|---------------------------|----------------------------------|
| 1. Administration | 10. Classroom/Program Activities |
| 2. Record Keeping | 11. Clerical |
| 3. Home Visits | 12. Intake |
| 4. Clinic | 13. Site Visits |
| 5. Training | 14. Meal Preparation |
| 6. Travel | 15. Client Interaction |
| 7. Weatherization Labor | 16. Research/Preparation |
| 8. Weatherization Support | 17. Transporting |
| 9. Meetings | 18. Maintenance |
| | 19. Purchasing |

Name: _____

ID Number: _____

Program: _____

City: _____

Beginning/Ending Dates: _____

Date	Scheduled Work Hours	Actual Hours Worked	Hours Worked Per Program										LEAD TEACHER'S SIGNATURE	Codes	Comments	
			22S	EHT	CUST	COOK	Train									
Sat	0		0	0	0	0	0	0								
Sun	0		0	0	0	0	0	0								
Mon	0															
Tue	0															
Wed	0															
Thur	0															
Fri	0															
Subtotal 1st																
Sat	0		0	0	0	0	0	0								
Sun	0		0	0	0	0	0	0								
Mon	0															
Tue	0															
Wed	0															
Thur	0															
Fri	0															
Subtotal 2nd																
Total															Total Hours	

Complete in Black or Blue ink. Your supervisor must receive your signed timesheet on the last day of the pay period which is a Friday as time sheets must be in the Central Office by the Monday following the end of the pay period. Overtime is not allowed unless approved in advance by the Program Director. Overtime is based on actual hours worked in excess of 40 hours a week. The workweek is Saturday – Friday.

I certify that this time sheet is accurate and complete and understand that false information on this Time Sheet is reason for immediate dismissal.

Employee: _____ Date: _____ Supervisor: _____ Date: _____
Original Signature Required