## Direct Timesheet



Employee ID #:		: :	Employee Name:							Pay Period 2:		Dot by Dot, Inc.			
			Local Office:  ear writing and non-erasable pen. Correction th clean block handwriting will delay your p									2 – PEP-Direct 3 – Shadowing 4 – Non-Billable  Service H – S – S 0 – C – C		ation of vice (*L): Home School Office Community	
Code	Date (mm/dd/yy)		Start (xx : x		ıM x)	PM (x)	End (xx:xx)	AM (x)	PM (x)	Total Hours	*L	Authorized Signature		Cancelled (x)	
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The inforr My signat	nation repo ure indicat	orted above is an	actual representati	ion of the servic this timesheet	ce prov	rided to ti e best of r Tim All C Plea	es is against compan he indicated consume ny knowledae, is true esheets are due on th overtime must be aut se hand deliver your	er. e and accurate ne 1st and 16th horized in wri timesheets to	ne law. n. n of every iting by yo your assig	ur supervisor.		Paae	2: 0	ıf <b>I</b>	