



*Employee Name:*

*Pay Period 2:*

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1

*1st to the 15th*

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16th to EOM

*Provider:*

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10/10/2016

## C – Community

Failure to fill in this form with clean block handwriting will delay your paycheck. If our systems cannot read your writing, you will need to re-submit your timesheet.



**Fax: 818-401-0218 or E-mail: Payroll@cddmail.com**



Date:

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