

Frank Olean Center Children's Services Time Sheet

Staff Name: _____

Program: HBTS PASS (circle one)

Week of: _____

Week of: _____

	In	Out	In	Out	Total		In	Out	In	Out	Total
Saturday						Saturday					
Sunday						Sunday					
Monday						Monday					
Tuesday						Tuesday					
Wednesday						Wednesday					
Thursday						Thursday					
Friday						Friday					

Measure your time worked in 15 minute increments - **10 hour maximum** per day to be worked- **maximum of 40 hours weekly** - for holidays that fall on Monday's - time sheets are due the Friday prior by 10am - timesheets must be submitted every two weeks regardless of how many sessions worked

Weekly Total _____

Weekly Total _____

Total Hours _____

I, the undersigned, certify that this is a true and accurate record of my working time for the period above mentioned

Staff Signature _____

Supervisor Signature _____

Consumer Name _____

Parent/ Guardian Signature _____

For Office Use Only:

Regular Time: _____

Overtime _____

Double-Time: _____

Total: _____

Please fax to: attention: Heidi at 596-3945
or email hlewis@oleancenter.org and your coordinator