

Federal Programs
Employee Time Sheet (PAR)

Employee Full Legal Name:

Employee ID #:

Employee Position:

School:

Reason for Extra Duty Pay (select from dropdown)

	Sun	Mon	Tues	Wed	Thrs	Fri	Sat	Total Weekly Hours	Caseload (#students)
Date									
Time									

	Sun	Mon	Tues	Wed	Thrs	Fri	Sat	Total Weekly Hours	Caseload (#students)
Date									
Time									

	Sun	Mon	Tues	Wed	Thrs	Fri	Sat	Total Weekly Hours	Caseload (#students)
Date									
Time									

	Sun	Mon	Tues	Wed	Thrs	Fri	Sat	Total Weekly Hours	Caseload (#students)
Date									
Time									

Total Hours

(Office use only)

G/L Account: _____

I certify that this PAR/Timesheet reflects the actual & total activity worked on the programs or cost objectives indicated above for the period covered by this report.

Employee Signature

Date

Signature of Principal

Date