

T.E.A.C.H., Inc.

STAFF TIME/PAYROLL REPORT

Pay Period:

EMPLOYEE:

Social Security Number:

DATE	DAY	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL	VAC. LEAVE	SICK LEAVE	HOL.	PROG.

TOTAL HOURS: 0

SUBTOTAL HOURS:

0	0	0	0	0
---	---	---	---	---

By my signature, I do hereby certify that this is a true and accurate record of my hours worked and that I did not suffer any unreported work related injuries during this time period.

EMPLOYEE SIGNATURE: _____
EXECUTIVE DIRECTOR: _____

DATE: _____

SUPERVISOR INITIALS: _____