**Timesheet**

Community Access Program **□**1st to 15th

Name: Month **□**16th to 31st 20

**\*All times must be in 24 Hour clock. No check marks.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Individual** | **Start Time** | **End Time** | **Hours** | **Approval** |
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Revised November 2013

Staff Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_