TIMESHEET

Name: _____ Month and Year: _____

Address: Location: _____ _____

_____ Home Phone Number: _____

Normal Schedule: _____ Hours Worked Per Week: _____

☐ ***PLEASE CHECK IF CHANGE IN ADDRESS OR PHONE NUMBER***

Date	Time In	Time Out	B	Time In	Time Out	B	Time In	Time Out	B	Actual Hours Worked	Paid Leave*	Total Paid Hours
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
Totals												

I CERTIFY THAT THE ABOVE IS CORRECT AND THAT PAYMENT HAS NOT BEEN RECEIVED.

_____ _____

Employee Signature: Date Supervisor Signature Date

Overtime Approved (less than 40 hours) _____

Supervisor's Initial Reason

Overtime Approved (over 40 hours) _____

Executive Director's Signature Reason

* Paid Leave includes Annual, Sick, Holidays, Jury Duty, Funeral Leave, Floating Leave, Etc…

☐ Hold (Hermiston) ☐ Mail (Check or Direct Deposit Stub)

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
Work Performed	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
General																	
Answering Phone																	
Agency Month End Reports																	
Community Meetings/Contacts																	
Computer Work																	
Copying																	
Employee Evaluation/Supervision																	
Filing																	
Intra-Agency Meetings																	
Leave																	
Maintenance																	
Monitors																	
Paperwork																	
Training																	
Travel Time																	
Education																	
Children's/Client's Files																	
Classroom Instruction																	
Classroom Prep (Lesson Plan)																	
Home Visit - Education																	
Home Visit - Social Serv/Pl																	
Home Visit - Health Info/Ed																	
Home Visit - Nutrition Ed																	
Mental Health Observation																	
Mental Health Consultation																	
Classroom Observation																	
RIF Program																	
Health/Vision Screening																	
Administration & Fiscal																	
Accounts Payable/Receivable																	
Payroll																	
Bank Reconciliation																	
Budgets/Grants																	
Inventory																	
Purchasing																	
Other Fiscal Work																	
Reports - Other Fund Sources																	

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
Work Performed	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
CCR&R																	
Mentoring																	
R&R Parent/Provider Contact																	
Reach Out & Read Program																	
WIC																	
Breast Feeding Program																	
Client Services																	
General																	
Nutrition																	
Transportation																	
Bus/Car Maintenance																	
Driving Bus																	
Prepare Bus Route																	
Car Seat Program																	
Meetings																	
Board Meeting																	
Policy Council																	
Advisory meetings																	
Food Service																	
Completing/Reviewing Paperwork																	
Cooking																	
Eating with Children																	
Janitorial -Classroom. Kitchen. Office																	
Menus																	
Nutrition Education																	
Purchasing Food																	
Purchasing Supplies																	
Total Hours																	

Umatilla-Morrow Head Start, Inc.

Admininistrative Cost Report

Employee _____ Month _____

Note: Darkened area is for fiscal office use only.

Date	Head Start/OPP/EHS		WIC				CCR&R			Other				
	Prog	Admin	Prog	Nut Ed	BF	BF/PC	CCR&R	Mentor	UCCF	FSC	Training		Leave	Total
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
Totals														

Employee Signature _____ Supervisor Signature _____