

21st CCLC Employee



Time Sheet

Date	Time In	Time Out	Work Activity	Hours

Week Start Date: _____

Total Hours: _____

Staff Signature: _____

Director/Coordinator: _____

If you are substituting, please indicate which class and what person you were substituting for: _____ / _____

Please Return to your P.O.W.E.R. or C.A.T. Center Director before or on Friday