

NORTHEAST SOUTH DAKOTA HEAD START PROGRAM, INC.
ACTIVITY AND TIME REPORT

EMPLOYEE _____ # _____

POSITION _____

PAY PERIOD BEGINNING _____ ENDING _____

| | DATE | ACTIVITY | W | PL | S | W/O PAY |
|-----|------|--------------|---|----|---|------------|
| SUN | | | | | | |
| MON | | | | | | |
| TUE | | | | | | |
| WED | | | | | | |
| THU | | | | | | |
| FRI | | | | | | |
| SAT | | | | | | |
| | | WEEKLY HOURS | | | | |
| SUN | | | | | | |
| MON | | | | | | |
| TUE | | | | | | |
| WED | | | | | | |
| THU | | | | | | |
| FRI | | | | | | |
| SAT | | | | | | |
| | | WEEKLY HOURS | | | | |
| | | TOTAL HOURS | | | | |

ACTIVITY AND TIME ARE CORRECT _____

EMPLOYEE SIGNATURE

SUPERVISOR _____ SUPERVISOR _____

EXECUTIVE DIRECTOR _____

Comments / Concerns regarding this time sheet by Supervisor, Coordinator, Manager and / or Executive Director: