

Description of Work Performed

Subtotal Allocated

Unallocable General Time

Total Unallocated

Vacation/Sick Holiday

The same of the sa			

Direct Program/Grant/Contract Activities

Cost Center/ Project/Activity

Job Title:		

Pay Period From: 1/13/2015 12/31/2014 To: Enter the pp start date, the rest of the dates field will fill in.

Employee Name:

Please r	ecord ti	me to th	e quarte	er of an l	hour. Yo	u must a	account	for all ho	ours wor	ked eac	h day.			
12/31	1/1	1/2	1/3	1/4	1/5	1/6	1/7	1/8	1/9	1/10	1/11	1/12	1/13	
w	тн	F	S	SU	М	Т	W	тн	F	S	SU	M	т	Total
														0.0
														0.0
														0.0
														0.0
														0.0
														0.0
														0.0
														0.0
														0.0
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0
														0.0
														0.0
														0.0
														0.0
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0
0.00		0.00		0.00					0.00	0.00	0.00	0.00	0.00	
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Daily Total Week Total 0.00 0.00 **Grand Total** 0.00

Employee Signature:	Date:
Supervisor Signature:	Date:
Grant Manager Signature:	Date: