2010 INCLUSION TIMESHEET

ALL TIMESHEETS ARE DUE TO SEASPAR BY MIDNIGHT SATURDAY. INDICATE CURRENT PAY PERIOD BELOW.

☐#2–1/9 ☐#4–1/23 ☐#6–2/6 ☐#8–2/20 ☐#10–3/6 ☐#12–3/20 ☐#14–4/3 ☐#16–4/17 ☐#18–5/1
☐#20–5/15 ☐#22– 5/27* ☐#24–6/12 ☐#26–6/26 ☐#28–7/10 ☐#30–7/24 ☐#32–8/7 ☐#34–8/21 ☐#36–9/2*
☐#38–9/18 ☐#40–10/2 ☐#42–10/16 ☐#44–10/30 ☐#46–11/13 ☐#48–11/27 ☐#50–12/11 ☐#52–12/22*

*** Change in due date because of upcoming Holiday.**

Partial hours are totaled as follows: ¼ hour = .25 ½ hour = .50 ¾ hour = .75								Office Use Only		
PROGRAM NAME	TOWN	PARTICIPANT NAME	Day	Date	Time Worked	Total Hours	Supervisor Approval	Travel Time (BH)	Brian Approval	Payroll Dept.

Total Hours _____

STAFF NAME _____ **DATE** _____
(Please Print)

Timesheet may be faxed to SEASPAR at 630/960-7601. **12/15/09**