

2017 Inclusion Timesheet

All timesheets are due to SEASPAR by midnight Saturday. Indicate current pay period below:

- #1—12/31 #3—1/14 #5—1/28 #7—2/11 #9—2/25 #11—3/11 #13—3/25 #15—4/8 #17—4/22
- #19—5/6 #21—5/20 #23—6/3 #25—6/17 #27—7/1 #29—7/15 #31—7/29 #33—8/12 #35—8/26
- #37—9/9 #39—9/23 #41—10/7 #43—10/21 #45—11/4 #47—11/18 #49—12/2 #51—12/16

Partial hours are totaled as follows: ¼ hour = .25 ½ hour = .50 ¾ hour = .75								Office Use Only		
PROGRAM NAME	Town	Participant First & Last Name	Day	Date	Time Worked	Total Hours	Supervisor Approval	Travel Time	Staff Approval	Payroll Dept.

Total Hours _____

STAFF NAME _____

(Please Print)

DATE _____