2017 Weekly Programs/Special Events 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

PROGRAM NAME	☑ Supervisor	☑ Driver	Day	Date	Start Time	End Time	Total Hours	Supervisor Approval	Office Use Only: Date Rec'd / Shannon Approval	Office Use Only: Payroll Department
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	☐	☐								

Total Hours _____

Staff Name _____ **Date** _____

(Please Print)

Timesheet may be faxed to SEASPAR at 630/960-7601, or emailed to stovey@seaspar.org

1/1/2017