

2019 EAGLES Timesheet

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

- | | | | | | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|-----------------------------------|------------------------------------|------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> #1-12/29 | <input type="checkbox"/> #3-1/12 | <input type="checkbox"/> #5-1/26 | <input type="checkbox"/> #7-2/9 | <input type="checkbox"/> #9-2/23 | <input type="checkbox"/> #11-3/09 | <input type="checkbox"/> #13-3/23 | <input type="checkbox"/> #15-4/6 | <input type="checkbox"/> #17-4/20 |
| <input type="checkbox"/> #19-5/4 | <input type="checkbox"/> #21-5/18 | <input type="checkbox"/> #23-6/1 | <input type="checkbox"/> #25-6/15 | <input type="checkbox"/> #27-6/29 | <input type="checkbox"/> #29-7/13 | <input type="checkbox"/> #31-7/27 | <input type="checkbox"/> #33-8/10 | <input type="checkbox"/> #35-8/24 |
| <input type="checkbox"/> #37-9/7 | <input type="checkbox"/> #39-9/21 | <input type="checkbox"/> #41-10/5 | <input type="checkbox"/> #43-10/19 | <input type="checkbox"/> #45-11/2 | <input type="checkbox"/> #47-11/16 | <input type="checkbox"/> #49-11/30 | <input type="checkbox"/> #51-12/14 | |

Partial hours are totaled as follows: ¼ hour = .25 ½ hour = .50 ¾ hour = .75							Office Use Only
							Date Rec'd
PROGRAM NAME (circle one)	Day	Date	Start Time	End Time	Total Hours	Manager Approval	Payroll Dept.
Darien Brookfield Lisle Lemont	Monday						
Darien Brookfield Lisle Lemont	Tuesday						
Darien Brookfield Lisle Lemont	Wednesday						
Darien Brookfield Lisle Lemont	Thursday						
Darien Brookfield Lisle Lemont	Friday						
Darien Brookfield Lisle Lemont	Monday						
Darien Brookfield Lisle Lemont	Tuesday						
Darien Brookfield Lisle Lemont	Wednesday						
Darien Brookfield Lisle Lemont	Thursday						
Darien Brookfield Lisle Lemont	Friday						

Total Hours _____

STAFF NAME _____

(Please Print)

DATE _____