2019 Weekly Programs/Special Events Timesheet

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

☐#1–12/28 ☐#3–1/12 ☐#5–1/26 ☐#7–2/9 ☐#9–2/23 ☐#11–3/09 ☐#13–3/23 ☐#15–4/6 ☐#17–4/20
☐#19–5/4 ☐#21–5/18 ☐#23–6/1 ☐#25–6/15 ☐#27–6/29 ☐#29–7/13 ☐#31–7/27 ☐#33–8/10 ☐#35–8/24
☐#37–9/7 ☐#39–9/21 ☐#41–10/5 ☐#43–10/19 ☐#45–11/2 ☐#47–11/16 ☐#49–11/30 ☐#51–12/14

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: Manager Approval	Office Use Only: Payroll Dept.
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	☐	☐								
	☐	☐								

Office Use Only: Date Rec'd

Total Hours _____

Staff Name _____ **Date** _____
(Please Print)

Timesheet may be faxed to SEASPAR at 630.960.7601, or emailed to stovey@seaspar.org.

12/19/2018