

Summer Food Service Program for Children (SFSP) Employee Time Sheet

Employee Name: _____ Sponsor: _____

Pay Period From: _____ To: _____

Meal Site: _____ Pay Rate per hour: \$ _____

FIRST WEEK	SUN	MON	TUES	WED	THUR	FRI	SAT	TOTAL SFSP
SFSP Time-in								
SFSP Time-out								
Total hours by the day and week								

SECOND WEEK	SUN	MON	TUES	WED	THUR	FRI	SAT	TOTAL SFSP
SFSP Time-in								
SFSP Time-out								
Total hours by the day and week								
+ GRAND TOTAL								

Gross Pay \$ _____

Check Number: _____

I certify this time sheet to be true and correct.

Employee's Signature

Date

Supervisor's Signature

Date