

Timesheet

Program:

Period Dates: ___ / ___ / 20__ TO ___ / ___ / 20__

P-R-I-N-T Employee Name:

Contact: Anne W ---annew@anewdirection.info

Address Change?

Participant:

Week 1	All Shifts must be listed with AM or PM		Hours
SUN	_____ am / pm	_____ am / pm	
	_____ am / pm	_____ am / pm	
MON	_____ am / pm	_____ am / pm	
	_____ am / pm	_____ am / pm	
TUE	_____ am / pm	_____ am / pm	
	_____ am / pm	_____ am / pm	
WED	_____ am / pm	_____ am / pm	
	_____ am / pm	_____ am / pm	
THUR	_____ am / pm	_____ am / pm	
	_____ am / pm	_____ am / pm	
FRI	_____ am / pm	_____ am / pm	
	_____ am / pm	_____ am / pm	
SAT	_____ am / pm	_____ am / pm	
	_____ am / pm	_____ am / pm	
Total Weekly Hours (Max of 40 Hrs scheduled per week)			

Week 2	All Shifts must be listed with AM or PM		Hours
SUN	_____ am / pm	_____ am / pm	
	_____ am / pm	_____ am / pm	
MON	_____ am / pm	_____ am / pm	
	_____ am / pm	_____ am / pm	
TUE	_____ am / pm	_____ am / pm	
	_____ am / pm	_____ am / pm	
WED	_____ am / pm	_____ am / pm	
	_____ am / pm	_____ am / pm	
THUR	_____ am / pm	_____ am / pm	
	_____ am / pm	_____ am / pm	
FRI	_____ am / pm	_____ am / pm	
	_____ am / pm	_____ am / pm	
SAT	_____ am / pm	_____ am / pm	
	_____ am / pm	_____ am / pm	
Total Weekly Hours (Max of 40 Hrs scheduled per week)			

Options for Submitting Your Timesheets (Due Mondays)

Toll Free Fax: 1-320-557-0078
 E-Mail: annew@anewdirection.info
 Questions: Call your Contact

Mail: A New Direction
 PO Box 128
 St. Joseph, MN 56374

By signing, you certify that these hours are true and actual hours worked; inclusive of all hours worked in this period.

! WARNING ! Lying, Altering or falsifying this timesheet is fraud and a federal offense

Description	Rate of Pay	Total Hours

Employee _____

Participant/Rep _____

Office Use Only _____