Name:			Date:		
		TD • TD	1 . (1)		
Time Tracking Sheet					
Day of Week	Date	Start time	End Time	Total worked	Comment
				0:00	
				0:00	
				0:00	
				0:00	
				0:00	
				0:00	
				0:00	
				0:00	
				0:00	
				0:00	
				0:00	
				0:00	
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				0:00	
				0:00	
				0:00	
				0:00	
				0:00	
				0:00	
				0:00	
				0:00	
				0:00	
				0:00	
			Total Worked:		
	Hour	s of time off benefits	used (indicate type of be		used):
				0:00	
				0:00	
By signing this time you are stating:	e sheet either by hand	or emailed to Katy Al	ND Judy AND your super	visor as a substit	ute for your signature
1. I acknowledge	that I received my 30) minute meal break v	vhen required.		
2. I also acknowle	dge that this is a tru	e and accurate reflect	ion of time worked.		
	Staff Signature:			Date:	
S	upervisor Signature:			Date:	