

Johnson County - 21st Century Grant Time Sheet

NAME: _____

ADDRESS: _____

MONTH & YEAR _____

DATE	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL HOURS
CLOCK TIME								
HOURS								
CLOCK TIME								
HOURS								
CLOCK TIME								
HOURS								
CLOCK TIME								
HOURS								
CLOCK TIME								
HOURS								

Date of Payment: _____

Total Hours Worked: _____

Approval of Department Head

Signature of Individual

Date