Kings Community Action Organization

TIMESHEET **"EMPLOYMENT AT KCAO, INC., IS EMPLOYMENT AT-WILL"** **NON-EXEMPT EMPLOYEE**

*** * * Please Print * * ***

LAST NAME: _____ **FIRST NAME:** _____ **PAY PERIOD:** **From** _____

POSITION: _____ **DEPARTMENT:** _____ **To** _____

Program Acct Code	Activity Code	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
Overtime																
Vacation																
Sick																
Holiday																
Other - Specify: (_____)																
TOTAL HOURS																

The following lines are for memo purposes only and are not paid hours. The length of the meal period must be documented.

Meal Period																N/A
Leave																N/A

I CERTIFY THAT THIS INFORMATION IS CORRECT:

Employee Signature: _____ Supervisor's Signature: _____ Program Director's Signature: _____

Date: _____ Date: _____ Date: _____

Activity Codes:

A - Program Admin/Support/Planning	D - Budget/Finance/Purchasing	G - Meetings	J - Transportation
B - Grant Proposals/Reports	E - Client Services	H - Cleaning/Organizing	K - Food Services
C - Personnel/Staff Development	F - Outreach/Home Visits	I - Teaching	L - Other (_____)