

**TIMESHEET**

**Kings Community Action Organization**  
 "EMPLOYMENT AT KCAO, INC., IS EMPLOYMENT AT-WILL"

**NON-EXEMPT EMPLOYEE**

\*\*\* Please Print \*\*\*

LAST NAME: **DOE**

FIRST NAME: **JANE**

PAY PERIOD: From 03/23/08

POSITION: **WORKER I**

DEPARTMENT: **ADMIN**

To 04/05/08

Program Acct Code	Activity Code	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
		23-Mar	24-Mar	25-Mar	26-Mar	27-Mar	28-Mar	29-Mar	30-Mar	31-Mar	1-Apr	2-Apr	3-Apr	4-Apr	5-Apr	
<b>10-120-10</b>	A		8.00	8.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00		<b>72.00</b>
																-
																-
																-
																-
																-
																-
Overtime																-
Vacation																-
Sick																-
Holiday									8.00							<b>8.00</b>
Other - Specify: (_____)																-
<b>TOTAL HOURS</b>		<b>-</b>	<b>8.00</b>	<b>8.00</b>	<b>8.00</b>	<b>8.00</b>	<b>8.00</b>	<b>-</b>	<b>-</b>	<b>8.00</b>	<b>8.00</b>	<b>8.00</b>	<b>8.00</b>	<b>8.00</b>	<b>-</b>	<b>80.00</b>

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

Meal Period		0.50	1.00	1.00	1.00	0.50				0.50	1.00	1.00	1.00			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 (_____)