

# SASED DRIVER'S TIMESHEET

Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Address: \_\_\_\_\_ Program: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day of Week	Date	AM Time: From-To	Hours	PM Time: From-To	Hours	Reason	Total Hours
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
<b>Grand Total:</b>							

I HEREBY CERTIFY THAT THE ABOVE IS A TRUE AND ACCURATE STATEMENT OF HOURS WORKED DURING THE SPECIFIC PERIOD OF TIME.

EMPLOYEE SIGNATURE \_\_\_\_\_ AUTHORIZED SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ DATE \_\_\_\_\_

Incomplete timesheets will be returned to the originating SASED office for proper completion and will not be processed.

White: Payroll Dept.      Canary: School      Pink: Driver

File Number: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Account Number: \_\_\_\_\_