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ATTN: Payroll Department



TIME SHEET

PERIOD ENDING: _____	PROGRAM: _____
EMPLOYEE: _____	POSITION: _____

DATE	DAY OF WEEK	TIME WORKED	HOURS TO BE PAID	DAYS TO BE PAID	COMMENTS
1	16				
2	17				
3	18				
4	19				
5	20				
6	21				
7	22				
8	23				
9	24				
10	25				
11	26				
12	27				
13	28				
14	29				
15	30				
	31				

TOTAL HOURS TO BE PAID: _____

TOTAL DAYSTO BE PAID: _____

EMPLOYEE SIGNATURE _____	SUPERVISOR SIGNATURE _____
ADM. OF FINANCE/OPERATIONS SIGNATURE _____	