

TIME SHEET

*South Florida Veterans Affairs
Foundation for Research and Education, Inc.*

1201 N.W. 16th Street Room # 2A105, Miami, Florida 33125
Phone: (305) 575-3179; Fax: (305) 575-3126
www.SFVAFRE.org

MUST be an original
Employees MUST sign
Supervisor(s) or supervisor designate(s) MUST sign
Time sheets will not be accepted after 3:30 on Wednesday
Incomplete or late time sheets will not be processed

Name: _____ Dates: _____ PP: _____
(PRINT)

WEEK ONE				VA HOURS				FOUNDATION Project 1:				FOUNDATION Project 2:				HOLIDAY	AL	SICK	OT	DAILY	
DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	Lunch	Proj total	TIME IN	TIME OUT	Lunch	Proj total	HRS	USED	USED	HRS	TOTAL					
SUN																					
MON																					
TUE																					
WED																					
THU																					
FRI																					
SAT																					
				Subtotal-Project 1:				Subtotal-Project 2:													

*Dual compensation employees must complete shaded VA time section.
Foundation reported VA time MUST match VA reported VA time.*

WEEK TWO				VA HOURS				FOUNDATION Project 1:				FOUNDATION Project 2:				HOLIDAY	AL	SICK	OT	DAILY	
DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	Lunch	Proj total	TIME IN	TIME OUT	Lunch	Proj total	HRS	USED	USED	HRS	TOTAL					
SUN																					
MON																					
TUE																					
WED																					
THU																					
FRI																					
SAT																					
				Subtotal-Project 1:				Subtotal-Project 2:													

TOTAL WKS 1 & 2 HRS																				
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Employee Signature

Date

Project 1 Supervisor

Date

Project 2 Supervisor

Date

For Office Use Only

NOTES:
REVIEWED AND APPROVED BY: _____ DATE: _____