

TIME SHEET



South Florida Veterans Affairs
Foundation for Research and Education, Inc.
www.sfvafre.org

1201 NW 16 STREET MIAMI, FL 33125 PHONE (305) 575-7000 X 4495 FAX: (305) 575-3126

- 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: _____

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 ONE		VA HOURS		Project 1:				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												

Employee Signature: _____

Date: _____

Project 1 Supervisor: _____

Date: _____

Project 2 Supervisor: _____

Date: _____

Notes: _____ For Office Use Only

Executive Director or Designee: _____

Date: _____