

**Time Record for Class 4 & Type 5 Employees**

Name \_\_\_\_\_

County/Project \_\_\_\_\_ State Office \_\_\_\_\_ Pay Period Ending Date: \_\_\_\_\_

% EFNEP \_\_\_\_\_ SNAP-Ed \_\_\_\_\_

**Week One Hours**

Date	/	/	/	/	/	/	/
	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Start							
Lunch - Out							
Lunch - In							
End							
<b>Total Hours</b>							

Week One Total Hours \_\_\_\_\_

**Week Two Hours**

Date	/	/	/	/	/	/	/
	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Start							
Lunch - Out							
Lunch - In							
End							
<b>Total Hours</b>							

Week Two Total Hours \_\_\_\_\_

TOTAL HOURS \_\_\_\_\_

Hourly Rate: \$ \_\_\_\_\_ Total Hours \_\_\_\_\_ Payroll Amount \$ \_\_\_\_\_

I certify that this record accurately represents the effort expended during the period indicated.

Employee Signature \* \_\_\_\_\_

*\* Both signatures are needed*

Supervisor Signature \* \_\_\_\_\_

**TO BE SUBMITTED TO THE STATE OFFICE THE MONDAY FOLLOWING PAYDAY**