

**LAKE-GEAUGA UNITED HEAD START, INC.
BIWEEKLY EMPLOYEE TIMESHEET**

Employee Name: _____

ID Number: _____

Pay Period: _____ to _____

Prog Elem Code	Pay Code	Total Hours	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
			Mon	Tues	Wed	Thurs	Fri	Sat	Mon	Tues	Wed	Thurs	Fri	Sat	

TOTALS Record ¼ hour as .25; record ½ hour as .50; record ¾ hour as .75

PAY CODES: LEAVE TAKEN CODES:

- | | | | |
|---------------------------|------------------------|-------------------------------|---------------------------------|
| RT-Regular Time | 9951-AL-Annual | 9954-PL-Personal Leave | 9957-FL-Funeral |
| OT-Over Time | 9952-SL-Sick | 9955-JD-Jury Duty | 9959-OL-Other Leave |
| RE-Retroactive Pay | 9953-HL-Holiday | 9956-ML-Military Leave | 9960-LP-Leave w/o Pay |
| | | | 9961-FH-Floating Holiday |

Prog Elem Code	Pay Code	Total Hours	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
			Mon	Tues	Wed	Thurs	Fri	Sat	Mon	Tues	Wed	Thurs	Fri	Sat
9960	LP													

I hereby affirm that this record is a true and complete statement of my hours and work activities.

Employee Signature: _____ Date: _____

I hereby certify that the entries on this record represent an accurate statement of time and activity and authorize the hours reported to be processed for payment and the above pay code to be charged.

Immediate Supervisor's Signature: _____ Date: _____

Comments:

MILEAGE REPORT

NAME (please print): _____ EMPLOYEE NUMBER: _____ CENTER: _____

MONTH COVERED BY THIS REPORT: _____

I certify that the information contained herein is accurate. _____
Signature

DATE	TRAVELED FROM	ODOMETER READING	TRAVELED TO	ODOMETER READING	PURPOSE OF TRAVEL (BE SPECIFIC)	REIMBURSABLE MILES (USE WHOLE NUMBERS)

TOTAL MILES: _____
REIMBURSEMENT RATE X: .56

GROSS REIMBURSEMENT: _____

OFFICE USE ONLY

SUPERVISOR'S SIGNATURE: _____

DATE: _____