

Name: _____ Pay Period: _____ - _____ (Workweek One)

ADMIN:	_____ %	Ext Rel:	_____ %	Foster Care:	_____ %	H2H:	_____ %	HopeHall:	_____ %
HM1 GPD:	_____ %	HM1 Property:	_____ %	HM2 Housing:	_____ %	HM2 Services:	_____ %	HMJ Property:	_____ %
HMJ Services:	_____ %	Housing:	_____ %	Navigator:	_____ %	SSVF:	_____ %	SSVF Surge:	_____ %

	Vacation Day	Personal Day	Holiday	Other	Actual Work Hours
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
TOTAL HOURS WK1					

Pay Period: _____ - _____ (Workweek Two)

	Vacation Day	Personal Day	Holiday	Other	Actual Work Hours
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
TOTAL HOURS WK2					
GRAND TOTAL					

By signing this payroll report, I attest and affirm that I have completely and accurately recorded the number of hours I worked during the workweeks listed here. I also attest that I have not worked any hours that are not recorded on this payroll report during the workweeks listed here. I acknowledge that my position is exempt from overtime and that my salary compensates me for all hours worked. I understand that failure to accurately record all of my hours worked is a serious violation of policy and may result in disciplinary action up to and including the termination of my employment.

Employee Signature _____

By approving this payroll report, I attest that I have no knowledge that the employee has failed to record all hours worked in the workweeks listed on this time-sheet. I understand that approving a payroll report I know to be false or encouraging in any way an employee to misrepresent his/her hours worked is a serious violation of policy and may result in disciplinary action up to and including termination of my employment.

Supervisor Signature _____