

Timecard for CDCS

Program Number _____

Pay Period from Sunday ____/____/____
to Saturday ____/____/____

Employee Name _____

Week 1

| DATE | START | END | HOURS | START | END | HOURS | TOTAL HOURS | COMMENTS |
|------|--------|--------|-------|--------|--------|-------|-------------|----------|
| SUN | A P | A P | | A P | A P | | | |
| MON | A P | A P | | A P | A P | | | |
| TUE | A P | A P | | A P | A P | | | |
| WED | A P | A P | | A P | A P | | | |
| THU | A P | A P | | A P | A P | | | |
| FRI | A P | A P | | A P | A P | | | |
| SAT | A P | A P | | A P | A P | | | |

Week 2

| DATE | START | END | HOURS | START | END | HOURS | TOTAL HOURS | COMMENTS |
|------|--------|--------|-------|--------|--------|-------|-------------|----------|
| SUN | A P | A P | | A P | A P | | | |
| MON | A P | A P | | A P | A P | | | |
| TUE | A P | A P | | A P | A P | | | |
| WED | A P | A P | | A P | A P | | | |
| THU | A P | A P | | A P | A P | | | |
| FRI | A P | A P | | A P | A P | | | |
| SAT | A P | A P | | A P | A P | | | |

PAY PERIOD SUMMARY OF HOURS

| TYPE OF HOURS | PAY RATE | REG. HOURS | OT | PAID TIME OFF |
|----------------------|----------|------------|-------|---------------|
| TOTAL HOURS – Week 1 | _____ | _____ | _____ | _____ |
| TOTAL HOURS – Week 2 | _____ | _____ | _____ | _____ |
| TOTAL HOURS | _____ | _____ | _____ | _____ |

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

Dungarvin Representative Signature _____

Date _____

Please send me more Timecards (P5-16).