TIME SHEET FOR MULTI-FUNDED CATEGORICAL PERSONNEL

Employee Name: _____ Month: _____ Year: _____

Position/Title: _____

FUNDING PROGRAMS			
Program	% of time	Program	% of time

PROGRAMS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Totals	Percent
Total Hours																																	

(H) holidays **(A) absence**

(W) weekend **(X) n/a**

I certify that the information recorded on this report is true and correct to the best of my knowledge.

_____ _____

Signature of Employee Date

_____ _____

Signature of Supervisor Date