

The Student Conservation
Association Street:
City, State, Zip:
Contact:

TIME SHEET



Position #: _____

Agreement #: _____

Name: _____

WEEK #: _____

| DATE | DAY | START TIME | LUNCH OUT | LUNCH IN | ENDTIME | TOTAL HOURS | Intials |
|---------------|-----------|------------|-----------|----------|---------|-------------|---------|
| | Sunday | | | | | | |
| | Monday | | | | | | |
| | Tuesday | | | | | | |
| | Wednesday | | | | | | |
| | Thursday | | | | | | |
| | Friday | | | | | | |
| | Saturday | | | | | | |
| Weekly Total: | | | | | | | |

Signature: _____

Supervisor Signature: _____