



217C W. Richmond Ave., Richmond, CA 94801
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TIME SHEET

Fiscal Project Name: _____ Subproject: _____

Month/Year covered by this Time Sheet _____ Date submitted: _____

Employee's name: _____

Mark the category that applies to you:

Hourly rate of pay. If paid by the hour, indicate your hourly rate. _____

Monthly stipend. If paid a stipend, indicate the amount of the stipend. _____

Date	Total Hours Worked	Date	Total Hours Worked
TOTAL HOURS WORKED DURING MONTH:			

All time sheets must be signed by the employee and the Site Manager (or Program Lead) and submitted to The Ed. Fund no later than the 1st day of the month for payment that month. Time Sheets submitted after the 1st day of the month will not be honored until the following month.

Employee's signature

Supervisor Signature