



WEST CONTRA COSTA PUBLIC EDUCATION FUND

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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. \_\_\_\_\_

Table with 4 columns: Date, Total Hours Worked, Date, Total Hours Worked. Includes a total row at the bottom.

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