

**Town of West Seneca
Youth & Recreation**

Supervisor & Council
Sheila M. Meegan
Eugene P. Hart
William Hanley

TIME SHEET

Name: _____

Phone: _____

Pay Period: _____

Date: Month/Date/Year	Assignment/Position :	In:	Out:	Time In:	Time Out:	Total Hours:
					TOTAL:	

I hereby certify that I worked the above hours and completed the assignments as described.

Signature

OFFICE USE ONLY: _____ Hours at \$ _____ Per Hour _____

Authorized Signature