

FOOD \$ENSE TIME SHEET



Name _____

Banner ID# _____

County _____

Supervisor _____

Due to Food \$ense State Office by:

| SATURDAY | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | WEEKLY TOTAL |
|----------|--------|--------|---------|-----------|----------|--------|--------------|
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Employees are required to submit time sheets twice each month. By signing below, I certify that no additional hours will be submitted for this time period, and that the University is under no obligation to pay for hours that are submitted after the program-determined deadline. By signing below, I also certify the above named employee worked the hours indicated:

Employee _____

Date _____

Supervisor _____

Date _____

TOTAL

RATE

(NDFS use only)

AMOUNT

(NDFS use only)

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