



Summer Camp Timesheet

Employee Name: _____ ID #: _____

Camp Name: _____ Campus: _____

Pay Period: _____

Fund: _____ ORG: _____ Account: _____ Program: _____

Date	Work Performed	Daily Total
TOTAL HOURS:		

By signing below, you are indicating that the hours submitted are true and correct.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Supervisor (Printed): _____ Extension: _____