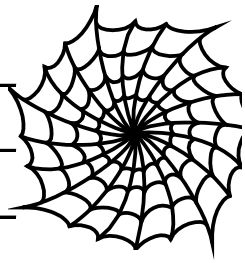
FOUNDATION FOR EARLY CHILDHOOD EDUCATION, INC.
SUBSTITUTE TIMESHEET



EMPLOYEE'S NAME:_____ FILE# : _____

JOB DESCRIPTION: _____ DATE: _____

CLASS: _____SITE: _____ FROM: **10/16/11** TO: **10/31/11**

ALL TIME SHEETS MUST BE TURNED IN BY 12PM THE NEXT WORKING DAY AFTER EACH PAY PERIOD

DATE	IN	OUT	IN	OUT	TOTAL HRS	SITE	INITIAL
TOTAL HOURS							

HAPPY HALLOWEEN!

EMPLOYEE'S SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____

COMMENTS: _____