Latin America Studies Institute
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EMPLOYEE TIMESHEET 2008

Please print C L E A R L Y

Employee: _____ Program Director: _____

Employee ID: _____ From (date): _____

To (date): _____

Client Name and Service	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total

Total hours:	

Comments: (optional)

Signature: _____ Date: _____

Authorized by: _____ Date: _____

English