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| Indicate Program:  Foundational Services |

**PD Consortium Employee Time and Effort Form**

**Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pay Period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Hours \_\_\_\_\_\_\_\_\_\_\_**

**Payment will be on 30th of each month.**

**Pay Period Ends 15th of Each Month (Submit to Sarah Hall by the 16th for payment on the 30th shall@roe33.net)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Week Day** | **Date** | **FS Area** | **Details** | **Total Hours** |
| **Monday** |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday** |  |  |  |  |
| **Friday** |  |  |  |  |
| **Saturday** |  |  |  |  |
| **Sunday** |  |  |  |  |
| **Week 1 Total Hours** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Week Day** | **Date** | **FS Area** | **Details** | **Total Hours** |
| **Monday** |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday** |  |  |  |  |
| **Friday** |  |  |  |  |
| **Saturday** |  |  |  |  |
| **Sunday** |  |  |  |  |
| **Week 2 Total Hours** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Week Day** | **Date** | **FS Area** | **Details** | **Total Hours** |
| **Monday** |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday** |  |  |  |  |
| **Friday** |  |  |  |  |
| **Saturday** |  |  |  |  |
| **Sunday** |  |  |  |  |
| **Week 3 Total Hours** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Week Day** | **Date** | **FS Area** | **Details** | **Total Hours** |
| **Monday** |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday** |  |  |  |  |
| **Friday** |  |  |  |  |
| **Saturday** |  |  |  |  |
| **Sunday** |  |  |  |  |
| **Week 4 Total Hours** |  |

**I certify that this time sheet truthfully and accurately reflects all hours worked during the recorded period.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature Date**

|  |
| --- |
| Indicate Program:  Foundational Services |

**HKMW ROE #33**

**Reimbursement Form**

Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Submitted\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Please be specific)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Purpose Details** | **Destination** | **Miles** | **Other Expenses** | **Source** |
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|  |  |
| --- | --- |
| Total Miles | Total Expenses |
|  |  |

**Total Mileage Reimbursement (total #miles /.575=) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Other Expenses +\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total ALL expenses to be reimbursed =$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Superintendent Signature Date**