



NAME: \_\_\_\_\_  
(LAST NAME, FIRST NAME)

ID #: \_\_\_\_\_

STUDENT  
Please cir

**TASC Tutor Timesheet**

SUPERVISOR: \_\_\_\_\_

PAY PERIOD: 10B 3/18/20 - 4/17/20

DATE	DAY	TASC	ACES	CALW-TASC	DSPTS (SE)	ESLN	EOPS	FY (SE)	VET	Nursing	TRIO-DSPS	TRIO-VETS	UB	Other	SICK
PAYROLL USE ONLY		570	571	572	573	574	575	576	577	578	579	580	581	582	
3/18/2020	WED														
3/19/2020	THU														
3/20/2020	FRI														
3/21/2020	SAT														
3/22/2020	SUN														
3/23/2020	MON														
3/24/2020	TUE														
3/25/2020	WED														
3/26/2020	THU														
3/27/2020	FRI														
3/28/2020	SAT														
3/29/2020	SUN														
3/30/2020	MON														
3/31/2020	TUE														
4/1/2020	WED														
4/2/2020	THU														
4/3/2020	FRI														
4/4/2020	SAT														
4/5/2020	SUN														
4/6/2020	MON														
4/7/2020	TUE														
4/8/2020	WED														
4/9/2020	THU														
4/10/2020	FRI														
4/11/2020	SAT														
4/12/2020	SUN														
4/13/2020	MON														
4/14/2020	TUE														
4/15/2020	WED														
4/16/2020	THU														
4/17/2020	FRI														
<b>TOTAL</b>															

I hereby certify this is a true and accurate report of my service for the period indicated.

FOR PAYROLL USE ONLY

\_\_\_\_\_  
Signature of Employee Date

\_\_\_\_\_  
Authorized by Immediate Supervisor Date

