

# Fairfield Local Schools Transition Grant Time Sheet

Name: \_\_\_\_\_

DAY	Date	Activity
<b>Week #1 of 2</b>	MM/DD/YYYY	
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
<b>Week #2 of 2</b>		
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

I Certify this to be a true statement of my hours for this pay period.  
I understand that falsification of this statement could be grounds for immediate dismissal.

Required  
Signatures: \_\_\_\_\_  
Name

\_\_\_\_\_  
Supervisor/Date