**Attachment 25**

TIME REPORT – Administrative Staff\*

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position/Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Traditional Start and End Times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Annual Salary or Hourly Wage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hours Worked in SFSP Administration**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | ***Sponsor’s Internal Use Only*** |
| Week of: | Hours Per Day: | S | M | T | W | T | F | S | Total Weekly Hours | Total Eligible Earnings | % Paid w/ SFSP Reimbursement | % Paid w/other Funding Source |
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[ ]  **I certify that this information is true and correct and that all time indicated on this form was worked in connection with the SFSP.**

Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  **I have reviewed and approved hours worked as indicated on this form. I certify that hours worked are true and correct and work was performed in connection with the SFSP. I understand that records, including but not limited to, time reports, time distribution reports, cancelled checks, bank statements, etc., must be maintained on file for 3 years plus the current year, and made available for review upon receipt.**

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Use this form for administrative staff performing administrative tasks. Administrative tasks include, but are not limited to, planning and organizing the SFSP (e.g. Administrators/Directors, Monitors, bookkeepers, office staff).