Sd Associates Weekly Time Tracking Form		Staff Name:			Staff #	Week of :		
Instructions: Please use time tracking formt to manually punch in or punch out. If you transfer between programs, funding sources, activities and or clients throughout the day please record each change, line by line, in your time sheet. Time tracking form needs to be submitted weekly or by the end of the pay period.								
Day of the Week	Date:	Time In	Time Out	Total Time	Location (L1)	Funding Source (L2)	Client # (L3)	Status (L4)
Office use only :								
Funding Source Codes		Location Codes						
AZ, BZ, CZ, DZ, EZ	01 - Williston 02- Windsor				Supervisor's Na	r's Name:		
Drive Time	03 - Erving 12 - FUV				•			
Orientation & Training	13 - FPV 22 - FLL				Date:	te:		
Team Meeting client #	00- Headquarters							
Staff Meeting								
Bus Monitor	Status codes							
Other:	T - Training							
	R - Ratio (supervisor will advise you as to your status)							
	(- F							
Total Hours								
	* By using this form you are submitting your hours worked. You are still responsible for approving your timecard in							
	Time and Attendance at the end of the pay period*							
		2						
							Revised 9.30.16	