



READS

READS Collaborative / Inc
105 EAST Grove Street
Middleboro, MA 023467

WEEKLY TIME SHEET

NAME _____

POSITION _____

PROGRAM _____

SCHOOL LOCATION _____

If absent, please make note in comment column, defining what type of absence.
Ex. - sick day, personal day, early release etc.

	DATE	TIME IN	TIME OUT	COMMENT	TOTAL DAILY
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					

EMPLOYEE SIGNATURE _____

_____ DATE

_____ TOTAL HOURS FOR WEEK

APPROVED BY PROGRAM DIRECTOR _____

_____ DATE

APPROVED BY BUSINESS MANAGER _____

_____ DATE

Please complete this form, then submit to your Program Director for approval by the **FOLLOWING MONDAY.**