



Corum Human Services

Lending a beacon of light and hope to all individuals with disabilities and special needs.

433 Lilys Way • Winchester, Virginia 22602

EMPLOYEE TIMESHEET

Name: _____

Pay Period: _____

Week of:

DAY	SUN	MON	TUES	WED	THUR	FRI	SAT	Total
DATE:								
HOURS: start/end								
TOTAL:								

Week of:

DAY	SUN	MON	TUES	WED	THUR	FRI	SAT	Total
DATE:								
HOURS: start/end								
TOTAL:								
Bi-Weekly TOTAL:								

Employee Signature: _____

*** By signing you are acknowledging that all hours documented are accurate and correct ***

Program Supervisor: _____

CHS Finance: _____

CHS USE ONLY

DATE PROCESSED: _____

CHECK#: _____

CHECK PROCESSED: _____