

SPECTRUM COMMUNITY SERVICES ASSOCIATE TIME SHEET

NAME: _____ PERIOD ENDING: _____

DATE	TIME IN	TIME OUT	OFFICE USE	CONSUMER/LOCATION	HOURS

TIMESHEET PROCEDURES:

1. All time must be recorded in chronological order.
2. All time sheets must be legible.
3. Associates and Managers will write **only** in the columns assigned to them (Date, Time In, Time Out, Consumer/Location and Hours).
4. Associates will submit to their manager all documents supporting the time sheet (SLS Billing Sheets).

NOTE: TIME SHEETS SUBMITTED NOT FOLLOWING THE TIME SHEET PROCEDURE WILL BE VOIDED, RETURNED, AND MUST BE RESUBMITTED FOR THE FOLLOWING TIME PERIOD.

Associate Signature: _____

Manager Signature: _____