SOUTH WEST SPECIAL RECREATION ASSOCIATION
(SWSRA)
TIME SHEET

Revised 5/1/11

NAME (Please print)_____

SIGNATURE (Confirms submittal & accuracy)_____

DATE	STARTING TIME	ENDING TIME	ACTIVITY	ACTIVITY CODE* (see code below)	HOURS WORKED

Notify Business Manager if there are any changes to your address, phone, exemptions etc

GRAND TOTAL _____

****PL = Program Leader PA=Program Aide O = Office DC = Day Camp L = Lifeguard I = Inclusion***

DO NOT WRITE BELOW THIS LINE_____

APPROVED BY:

_____
SUPERVISOR

_____
EXECUTIVE DIRECTOR

Activity: _____ Hours worked: _____

Activity: _____ Hours worked: _____

Activity: _____ Hours worked: _____

TOTAL HOURS_____