Form 2-05-1
WEEKLY TIME SHEET

Name	0name.xls				WEEK ENDING:			01/30/07
DESCRIPTION	CHG#	SUN 24	MON 25	TUE 26	WED 27	THU 28	FRI 29	SAT 30	TOTAL
Admin (DESCRIBE BELOW).....	2010								0
Time Reporting.....	2015								0
Staff Meetings.....	2020								0
Sick Leave (FORM REQD).....	2030								0
Vacation (FORM REQD).....	2040								0
Exec. Leave (FORM REQD).....	2050								0
Holiday.....	2060								0
Other leaves (FORM REQD)....	2070								0
Misc (DESCRIBE BELOW).....	2080								0
Training (FORM REQD).....	2090								0
Job#	0007		8	8	8	8	8		40
WPCP									0
TOTAL HOURS									40

01/30/07

DESCRIBE ADMIN AND MISC HOURS:

Name _____

Supervisor's Approval: _____