

**TIMESHEET
 DRS SOUTHWEST COOPERATIVE
 SECONDARY TRANSITION EMPLOYMENT PROGRAM**

EMPLOYEE: _____ SS# _____

WORK SITE: _____ PERIOD ENDING: _____

DAY	DATE	SIGNATURE	TIME IN	TIME OUT	SIGNATURE
M					
TU					
W					
TH					
F					

M					
TU					
W					
TH					
F					

TOTAL HOURS: _____

WORK SITE SUPERVISOR'S SIGNATURE _____

VOCATIONAL COORDINATOR'S SIGNATURE _____

MUST HAVE WORK SITE SUPERVISOR OR TEACHERS SIGNATURE TO PROCESS TIME SHEET.