FULL-TIME EMPLOYEE TIME CARD REPORT - CATEGORICAL PROGRAMS

				me:														C	olle	ague	e ID	:										
	Av	g H	ours	Per	We	ek:					Pay	Pe	riod	:					Y	'ear	:											
Project No.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hours
Total																																
Hours																																
ACC	OUN	IT NI	JMB	ER	%	of 7	Γime			F	PROG	GRA	M TI	TLE					Pro	oject	Adr	nin/l	Dir			Department Admin/I			in/Di	r		

Signature of Employee	 Date	Signature of Department Admin/Dir	Date

I certify that the information recorded on this report is true and correct to the best of my knowledge.