



ABLE RECOVERY PROGRAM Member Timesheet

Fax to 716-675-2055 by 4:00 PM
every other Friday

NAME: _____ Supervisor(s): _____

Host Site: _____ Pay Period End Date: _____

Circle One: FT MT

Week One	Date	Host Site Hours		Add'l Host Site Hrs		Fundraising	Total	Activities/Explanations
		TIME IN	TIME OUT	TIME IN	TIME OUT			
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Week One Total								

Week Two	Date					Fundraising	Total	Activities/Explanations
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Week Two Total								

ABLE Member Signature: _____ Date: _____

Site Supervisor Signature _____ Date: _____

Program Official Signature: _____ Date: _____