



2009-2010 ABLE 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 PT MT

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

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

ABLE Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Site Supervisor Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Program Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_