MONARCH INDEPENDENT LIVING SERVICES

Staff:_____ Pay Period: _____

Date:	1			2			3			4			5			6			7						**TOTAL**
	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	
Name:																									
Name:																									
Name:																									
Name:																									
Name:																									
Name:																									
Name:																									
Breaks																									
Cancel-lations																									
TOTAL																									

Please alphabetize and organize names the same on each side of the timesheet.

_____
Staff Signature

_____
Director's Signature

MONARCH INDEPENDENT LIVING SERVICES

Staff:_____ Pay Period: _____

Date:	8			9			10			11			12			13			14			15			**TOTAL**
	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	In	Out	Total	
Name:																									
Name:																									
Name:																									
Name:																									
Name:																									
Name:																									
Name:																									
Breaks																									
Cancel-lations																									
TOTAL																									

Please alphabetize and organize names the same on each side of the timesheet.

_____
Staff Signature

_____
Director's Signature