



Name: _____

Worksite: _____

Week Ending Date: _____

Note:
 15 mins = .25 hr
 30 mins = .5 hr
 45 mins = .75 hr

Please send timesheet Wednesday afternoon

Day	Date	Time In	LUNCH		Time Out	Total Hours
			From	To		
Thursday						
Friday						
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						

Under NYS law, an employee who works a shift of more than 6 hours **must take** a meal period of at least 30 minutes of unpaid time off within that period. For specific shifts or info, please call the YES office.



Employee Signature _____

Week's

Supervisor Signature _____

Work Hours _____

YES OFFICE USE ONLY

Date	Training	Total Hours

YES Staff Signature _____

Total Hours: _____

