edFUND
WEST CONTRA COSTA PUBLIC EDUCATION FUND
217C W Richmond Ave, Richmond, CA 94801
Phone: 510-233-1464 • Fax: 510-217-3996 • Email: beth@edfundwest.org • Website: www.edfundwest.org

TIME SHEET FOR PROGRAM INSTRUCTORS

Name of School_____Program Name_____

Month/Year covered by this Time Sheet _____Date submitted: _____

Employee's name: _____

Social Security #: _____

Mark the category that applies to you:
__Hourly rate of pay. If paid by the hour, indicate your hourly rate. _____

__Monthly stipend. If paid a stipend, indicate the amount of the stipend. _____

Date	Total Hours Worked	Date	Total Hours Worked
TOTAL HOURS WORKED DURING MONTH:			

All time sheets must be signed by the employee and the Site Manager (or Program Lead) and submitted to The Ed. Fund no later than the 1st day of the month for payment that month. Time Sheets submitted after the 1st day of the month will not be honored until the following month.

_____ _____

Employee's signature **Site Manager or Program Lead's signature**