

UGA OFF-CAMPUS FWS TIMESHEET

EMPLOYEE: _____

EMPLOYEE SIGNATURE: _____

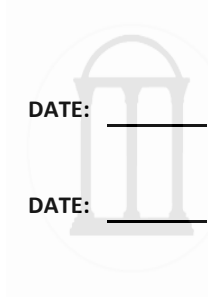
DATE: _____

SUPERVISOR: _____

SUPERVISOR SIGNATURE: _____

DATE: _____

EMPLOYER: _____



DATE	TIME IN (USE AM/PM)	TIME OUT (USE AM/PM)	ASSIGNMENT