2022-2023 KUPU ʻĀINA CORPS PROGRAM PARTICIPANT TIME SHEET

Participant Full Name:		Pay Period Dates: (mm/dd/yy)	
Island		Host Site Name	

Day	Date (m/dd/yy)	MORNING HOURS			AFTERNOON HOURS			EVENING HOURS			Total Hours
		Time In	Time Out	# of hours	Time In	Time Out	# of hours	Time In	Time Out	# of hours	
SUN											
MON											
TUES											
WED											
THUR											
FRI											
SAT											
										Week 1 Total	
SUN											
MON											
TUES											
WED											
THUR											
FRI											
SAT											
										Week 2 Total	
										TOTAL NUMBER OF HOURS	

By signing below, I hereby attest that the time record on this timesheet is true and accurate to the best of my knowledge.

Participant Signature:_____   Date:_____

Site Manager Signature:_____   Date:_____

Site Manager Print Name:_____   Site Manager Title:_____