

ARRA

Employee: _____
 Supervisor: _____
 DHS Organization Unit: _____
 Region: _____
 Week Beginning: _____
 Week ending: _____

State ARRA:
 Agency Name: _____
 Program Name: _____
 Agency Program #: _____

Meal Period

Day	Begin Time	Meal Begin	Meal End	End Time	Regular Hrs.	Hours in Excess of 8	Sick Hrs.	Furlough	Vacation Hrs.	Holidays	Comments
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											
Subtotal											

Total Regular Hours Authorized to Pay	
Total Overtime Hours Authorized to Pay	
Total Leave & Furlough Hours	

Total Hours	
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Program Initial	
Acct'g II Initial	

Supervisor Initial's	
	Overtime Authorized
	Overtime Not Authorized

I hereby certify that this ARRA weekly time sheet accurately reflects the time worked by me during the period covered.

 Employee's Signature Date

 Supervisor's Signature Date

*Meal periods do not count as time worked.

***Overtime is anything over 40 hours a week.

**Employees furloughs are mandatory time off work with no pay.