

**TIME REPORT**

Sponsor name: \_\_\_\_\_ Sponsor Number: \_\_\_\_\_

Sponsor address: \_\_\_\_\_

Week of: \_\_\_\_\_

**Hours Worked in SFSP**

| Name | Hours Per Day |   |   |   |   |   |   | Total Hours Weekly | Hourly Wage | Total Claimable |
|------|---------------|---|---|---|---|---|---|--------------------|-------------|-----------------|
|      | S             | M | T | W | T | F | S |                    |             |                 |
|      |               |   |   |   |   |   |   |                    |             |                 |
|      |               |   |   |   |   |   |   |                    |             |                 |
|      |               |   |   |   |   |   |   |                    |             |                 |
|      |               |   |   |   |   |   |   |                    |             |                 |
|      |               |   |   |   |   |   |   |                    |             |                 |
|      |               |   |   |   |   |   |   |                    |             |                 |
|      |               |   |   |   |   |   |   |                    |             |                 |
|      |               |   |   |   |   |   |   |                    |             |                 |

I understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

**Supervisor's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_