



Archdiocese of Agana
 196 Cuesta San Ramon, Ste. B, Hagåtña, GU 96910
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 Fax: (671)477-3519

OUTSIDE CASUAL TIME SHEET

Name: _____

Contracted By: _____

Week Starting: _____ Pay Period Ending: _____

Day of Week	Time In	Breaks (minutes)	Time Out	Total	DESCRIPTION OF WORK ASSIGNMENT
Total Week 1					
Total Week 2					

Signature _____ Date _____

Dept./Supervisor In-charge _____ Date _____

Week 1	_____
Week 2	_____
Total	_____
Rate:	_____
Amount	_____