



# Archdiocese of Agana

196 Cuesta San Ramon, Ste. B, Hagåtña, GU 96910

Tel: (671) 472-6116

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
<b>Total Week 1</b>					
<b>Total Week 2</b>					

Signature \_\_\_\_\_ Date \_\_\_\_\_

Dept./Supervisor In-charge \_\_\_\_\_ Date \_\_\_\_\_

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