SYSTEMS ASSESSMENT & RESEARCH, INC.

Name:

Employee ID:

SEMI-MONTHLY TIME SHEET

Period Ending:

MONTH _____

Control #

Contract Name Billable	Job No.	Task No.	Suffix No.	Lab Code	Description	Pay Type	SUN	MON	TUE	WED	THU	FRI	SAT									Grand Total
							HOURS															
VA MED CTR-MGS	4100	065	41		WEEKDAY REGULAR	R																
				Total Hours	TOTAL HOURS																	

Employee's Signature:

Supervisor's Name and Signature:

FAX TO: 301-731-4303 OR 301-731-4344

ATTENTION: HUMAN RESOURCES OR ACCOUNTING