

# WOMEN HELPING WOMEN

## On-Call After-Hours Advocate Time Sheet

Name: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Pay Period Start Date: \_\_\_\_\_ Pay Period End Date: \_\_\_\_\_

Date	Day	Shift Start Time	Shift End Time	Shift Stipend Pay		
Date	Day	Start Time	End Time	Type of Contact	Total Time	

Date	Day	Shift Start Time	Shift End Time	Shift Stipend Pay		
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Date	Day	Start Time	End Time	Type of Contact	Total Time	
PAY PERIOD TOTALS		TELEPHONE	ACCOMPANIMENTS	SHIFTS	HOURS	

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Turn in contact sheets with time sheet by the last day of the pay period.*