****

**Non-Federal Match Sources Best Practices**

**Sample Timesheet to Record Employee Contribution**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **Total** |
| **SA** | **SU** | **M** | **TU** | **W** | **TH** | **F** | **SA** | **SU** | **M** | **TU** | **W** | **TH** | **F** |
| **SLIGP** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***SWIC - LMR Duties*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Other State Activity*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Other State Activity*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Hours Worked** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Sick Leave** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Annual Leave** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Paid Holiday** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total Hours** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Timesheet must be signed by both the employee and the supervisor  **I certify that this information is correct** | | | | | | | | | | | | | | | |
| Employee Signature | | | | | | | | Supervisor Signature | | | | | | | |
| Date | | | | | | | | Date | | | | | | | |