

**District 205**  
**FUNCTIONAL AND ADULT TRANSITION WORKERS**  
**TIME WORKED**

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

Payroll Period Ending \_\_\_\_\_

Account Number \_\_\_\_\_

Last 4 Digits of Social Security # X X X - X X - \_\_\_\_\_

**OFFICE USE ONLY!**

**TW FUNC WORK PROGRAM OR ADULT TRANSITION PROGRAM**

Date	Description

Start Time	End Time

Straight Time	Overtime Days

TOTAL \_\_\_\_\_

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

Supervisor's Signature \_\_\_\_\_

Administrator Signature \_\_\_\_\_

