

SASED
Secondary Transitional Experience Program
TIMESHEET

STUDENT

MONTH/PAY PERIOD

PLACE OF EMPLOYMENT

SOCIAL SECURITY NUMBER

ADDRESS

HIGH SCHOOL

Please record Calendar Dates/ Time Worked Daily/Total Hours Daily

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total Hrs.

METHOD OF PAYMENT (CHECK ONE)

_____ **Employer Paid**

_____ **Employer Paid (Sub Minimum)**

_____ **SASED Pay**

TOTAL:

_____ **Hours Worked**

X _____ **Hourly Wage**

= _____ **Gross Pay**

_____ **Total Days Worked**

EMPLOYER

VOCATIONAL COORDINATOR

STUDENT