ARENA Technical, LLC

Consultant Time Sheet

SSN: ___ - __ - ____

WeekEnding __ / __ / ____

LastName

FirstName

WorkPhoneNumber ___ - ___ - ____

ClientName

EmailAddress

JOB CODE	SAT Hrs	SAT 1/10s	SUN Hrs	SUN 1/10s	MON Hrs	MON 1/10s	TUE Hrs	TUE 1/10s	WED Hrs	WED 1/10s	THU Hrs	THU 1/10s	FRI Hrs	FRI 1/10s	TOTAL Hrs	TOTAL 1/10s
TOTAL STANDARD HOURS																

LEAVE CODE — Salaried Employees Only

Hours Type – Non-Chargable
(Enter the appropriate number at right)

31 Paid Time Off
32 Sick Leave
33 Holidays
36 Jury Duty/Paid Military Leave
37 Unpaid Time Off
38 Bereavement

Leave Code	SAT Hrs	SAT 1/10s	SUN Hrs	SUN 1/10s	MON Hrs	MON 1/10s	TUE Hrs	TUE 1/10s	WED Hrs	WED 1/10s	THU Hrs	THU 1/10s	FRI Hrs	FRI 1/10s	TOTAL Hrs	TOTAL 1/10s
TOTAL LEAVE HOURS																

TOTAL HOURS

ConsultantSignature

Date __ / __ / ____

ClientSignature

Date __ / __ / ____

ATR
4720 Montgomery Lane
Suite 1010
Bethesda, MD 20814
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301-576-5556