ARENA Technical Resources, LLC

Consultant Time Sheet

SSN (Not Required) ___ - ___ - ____

WeekEnding __ / __ / ____

LastName

FirstName

WorkPhoneNumber ___ - ___ - ____

ClientName

EmailAddress

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

TOTAL STANDARD HOURS __ . _

LEAVE CODE — Salaried Employees Only

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

31 Paid Time Off

36 Jury Duty/Paid Military Leave
37 Unpaid Time Off
38 Bereavement

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

TOTAL LEAVE HOURS __ . _

TOTAL HOURS __ . _

ConsultantSignature

Date __ / __ / ____

ClientSignature

Date __ / __ / ____

ATR
104 S Washington St
Rockville, MD 20850

FAX TO:
301-654-0066