



Virginia Department of Social Services (VDSS)
Summer Food Service Program (SFSP)
Timesheet

Site Supervisor Name: _____ Number: _____

Address: _____

Week of: _____

Hours Worked in
SFSP

Name	Hours Per Day							Total Week Hours	Hourly Wage
	S	M	T	W	T	F	S		

I understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

Site Supervisor's signature

Date