



Dr. Mark K. McQuillan
Executive Director

**Archdiocesan Schools of Boston
C.A.I. Lab Managers
Project # C3100200600**

Time Sheet

Name: _____

School: _____

For the week ending: _____

| Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Total Hours |
|--------|-----|---------|-----|-----------|-----|----------|-----|--------|-----|-------------|
| In | Out | In | Out | In | Out | In | Out | In | Out | |
| | | | | | | | | | | |

Signed: _____
C.A.I. Lab Manager

Signed: _____
School Principal

| |
|----------------------------------|
| FOR EDCO USE ONLY: |
| Date Received: _____ |
| Signed: _____ EDCO Supervisor |