International Site/Regional Office Weekly Timesheet

Name (Last, First M.I.)	Employee ID#	Week Ending (Fri) DD-MON-YY
Gogolauri Gaga	ONEW	05DEC14 (Example: 15-MAR-02)

Office Location (City/Country)	Area
TBILISI / GEORGIA	IND

Charge Name	Charge Number Project	Charge Number Task	Expenditure Type	Overtime Premium	Daily Hours SAT	SUN	MON	TUE	WED	THU	FRI	Total Hours
GEORGIA HSSP	16474	2010	Standard site				8	8	8	8	8	40
Holiday (Enter Contract #)												
Vacation	10001	10110	Vacation									
Sick	10001	10130	Sick									
Holiday (Specify) _____	10001	10120	Holiday									
				TOTALS			8	8	8	8	8	40

I certify by my signature that the above information is accurate. Timesheet must be signed.

Employee Signature _____ Local Supervisor Approval Signature _____ OT Approval _____ Area/Corp. Manager Approval Signature _____