**Veteran Independence Program Time Sheet**

**Program Code:** V__________  **Period Ending Date:**

**Timesheets are due by 9am**  
**on Monday at Gateways,**  
after each payperiod ending date

- **Provider Name:**
- **Provider Signature:**
- **Supervisor Name:**
- **Supervisor Signature:**

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<th>DATE M/D</th>
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<th>REG HOURS</th>
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**First Week Total**

**This is a Legal Document. Please initial any changes or corrections. DO NOT use white out or pencil.**

**How to submit your timesheet:**
1) Fax: (603) 459-2726  
2) Scan & Email: FMTimesheet@gatewayscs.org  
3) Mail

**Second Week Total**

**Date Received**

**Dept Approval**

**For Payroll Use Only**

- 15 mins = 0.25
- 30 mins = 0.50
- 45 mins = 0.75

**Round nearest quarter hour:**

TOTAL HOURS WORKED FOR BOTH WEEKS