

TIMESHEET FOR PLAYER DEVELOPMENT PROGRAM TRAINER

Employee Name: _____

Vendor (if applicable): _____

For the Time Period: _____

Weekday	Date	In	Out	# of Hours	Program

Total Hours

PDA Trainer Signature

DO NOT FILL OUT INFORMATION BELOW LINE

PROGRAM	PROGRAM CODE	# OF HOURS	RATE	PAY AMOUNT
JUNIORS	JRS			
CLINIC TECH TRAINING	CL TT			
HOLIDAY CLINIC	HC			
REC TECH TRAINING	REC TT			
REC PLUS TECH TRAIN	REC PLUS TT			
SPRING BREAK CAMP	SBC			
SUMMER CAMP	CAMP			

Approval: John Ellinger, Technical Director