alameda county health care foundation

DAF TIME SHEET

1411 East 31st Street
Oakland, CA 94602
Phone (510) 437-4547
Fax (510) 532-0168

Name: **Title:**

Social Security Number: **Status:** ☐ full-time ☐ part-time ☐ other

DAF Program Name: **Supervisor:**

Date	Start Time	End Time	Meal Break	Total Hrs.	Remarks
			TOTAL:		

Employee Signature: Date:

Supervisor Signature: Date: