

NAME: _____

ENTITY: _____

DECLARATION OF WORK PERFORMED – Regular Salaried Hours

MONTH OF: _____

This declaration must be turned in to the K&S office by the 15th of the following month.

1ST WEEK:

_____ **HOURS:** _____

2ND WEEK:

_____ **HOURS:** _____

3RD WEEK:

_____ **HOURS:** _____

4TH WEEK:

_____ **HOURS:** _____

TOTAL HOURS: _____

COMMENTS / PROBLEMS:

SIGNED: _____ **DATE:** _____

Type or sign your name here.