

PLEE Time Log

Name	
Workweek date range	

Compensation Desire

(check box. If desire to split compensation, indicate how many hours in each category)

Grocery Store Card _____

Transportation Gift Card (Gas, Uber/Lyft, Bus Passes) _____

Walmart, Amazon, or Target Card _____

Name: _____

Address: _____

Email: _____

Date	Meeting Title	Total Hours
Total Hours		

"I certify that the data contained in this document are true, correct, actual and that all outlays were made in accordance with PLEE Compensation Policy for Participation in the HOPWA Program's Race, Gender, LGBTQ+ Equity Initiative".

Signature: _____ Date _____

Please send the completed timesheet signed to: MNaranjo@riversideca.gov

City of Riverside Use Only

Audited by: _____ Approved By: _____ Authorized by: _____
 Date: _____ Date: _____ Date: _____