

Community Living-Central Huron -Activity Centre

Timesheet must be submitted to supervisor by 9 am Monday following pay period.

Each day begins at 12:01 a.m.

NAME: _____ **PAY PERIOD** _____ **FROM: (Sun.)** _____ **TO: (Sat.)** _____

	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	Total	<i>FOR OFFICE USE ONLY</i>
Date																Hours Worked
Hours Scheduled																Reg Hr
Attendent Care																O/T (1.5 x rate)
Snoezelen Room																T.O. Earned (-)
Support (other) Direct																T.O. Used
Support Indirect																Vac Hrs
Forms/Reports																Stat Hrs
Meetings (specify)																Sick Hrs
Prof. Development																Float Hrs
Other																Brevmnt Hrs
Actual Hrs Wrk'd																Personal Hrs
Vacation Hrs															+	Hours Paid
Stat Hrs															+	
Sick Hrs															+	
Float Hrs															+	
Bervmt Hrs															+	
Personal Emerg Leave																
<i>Hours Subtotal</i>															=	
Time Owing Used															+	
Total Hours Paid															=	

Balance of Hours

	Week Block	Vac	Sick	Float	Shift Exchange
Opening					
Earned					
Used					
Closing					

Comments

Date	Hours	Reason/Approval

Employee's Signature

Supervisor's Signature

Each employee is responsible for the accuracy of their own timesheet

Revised: October 30/18