

Community Living-Central Huron - Community Connector

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	
Date																FOR OFFICE USE ONLY
Hours Scheduled																<u>Hours Worked</u>
Support - Direct																Reg Hours
- Indirect																O/T (1.5x rate)
Contact/Involvement with other Agencies/Services																T.O. Earned (-)
Transportation																T.O. Used
Supervision																Vac Hrs
Committee/Board Invol.																Stat Hrs
Records/Report/Files																Sick Hrs
Prof. Development																Float Hrs
Actual Hrs Wrk'd																Brevmnt Hrs
Vacation Hrs																Personal Hrs
Stat Hrs																Hours Paid
Sick Hrs																
Float Hrs																
Bervmt Hrs																
Personal Emerg Leave																
<i>Hours Subtotal</i>																
Time Owing Used																
Total Hours Paid																

Employee's Signature

Supervisor's Signature

Balance of Hours

	Week Block	Vac	Sick	Float	Shift Exchange
Opening					
Earned					
Used					
Closing					

Each employee is responsible for the accuracy of their own timesheet

Comments

Date	Hours	Reason/Approval