

Community Living-Central Huron - Employment Support Program

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

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

Date	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	Total	<i>FOR OFFICE USE ONLY</i>	
Scheduled Hrs (From/To)																<u>Hours Worked</u>	
Call-in Shift(s)																	
Actual Shifts Worked																Reg	
Support - Direct																O/T (1.5 x rate)	
Transportation - Direct																	
Employer Contacts																	
Support - Indirect																T.O. Earned (-)	
Reports																T.O. Used	
Staff Meetings																Vac Hrs	
Prof. Development																Stat Hrs	
Supervision																Sick Hrs	
Actual Hrs Wrk'd																Float Hrs	
Vacation Hrs	+															Brevmnt Hrs	
Stat Hrs	+															Personal Hrs	
Sick Hrs	+																
Float Hrs	+															Hours Paid	
Bervmt Hrs	+																
Personal Hrs																	
<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: May 15/18