

## 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.)** \_\_\_\_\_

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

**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