

Community Living-Central Huron - Residential

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
Location - # 1																# 1
Location - # 2																# 2
Location - # 3																# 3
Scheduled Shifts																Reg Hrs
Call-in Shift(s)																O/T (1.5 x rate)
Actual Shifts Worked																T.O. Earned (-)
Direct Support																T.O. Used
Staff Training																Vac Hrs
Meetings																Stat Hrs
Actual Hrs Wrk'd																Sick Hrs
Vacation Hrs	+															Float Hrs
Stat Hrs	+															Bervmt Hrs
Sick Hrs	+															Personal Hrs
Float Hrs	+															Hours Subtotal
Bervmt Hrs	+															Personal Hrs
Personal Hrs																Time Owing Used
<i>Hours Subtotal</i>	=															Hours Paid
Time Owing Used	+															
Total Hours Paid	=															

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

Employee's Signature

Supervisor's Signature