

Community Living-Central Huron -S.I.L. Program

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 Hours
Support - Direct																O/T (1.5x rate)
- Indirect																T.O. Earned (-)
Contact/Involvement with other Agencies/Services																T.O. Used
Transportation																Vac Hrs
Supervision																Stat Hrs
Committee/Board Invol.																Sick Hrs
Records/Report/Files																Float Hrs
Prof. Development																Brevmt Hrs
Actual Hrs Wrk'd																Personal Hrs
Vacation Hrs +																Hours Paid
Stat Hrs +																
Sick Hrs +																
Float Hrs +																
Bervmt Hrs +																
Personal Hrs																
<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