

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 Hr
Supervision																Stat Hr
Committee/Board Invol.																Sick Hr
Records/Report/Files																Float Hr
Prof. Development																Brevmnt Hr
Actual Hrs Wrk'd																Hours Paid
Vacation Hrs																***Note: "Hours Worked" should not include overtime being paid.
Stat Hrs																
Sick Hrs																
Float Hrs																
Bervmt Hrs																
<i>Hours Subtotal</i>																
Time Owing Earned																
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					

Time Owing Earned

Date	Hours	Reason

Each employee is responsible for the accuracy of their own timesheet

