

COMMUNITY CONNECTIONS TIMESHEET

Program _____

1 - 15th				
16 - 31st	MONTH/YEAR	LAST NAME	FIRST NAME	

TO BE COMPLETED BY EMPLOYEE													Payroll Use		
*Keep track of your time everyday. Turn into supervisor no later than 12 pm on timesheet day. Check timesheet due date schedule for dates.													Roll Over Hours		
Activity											Holiday	Paid Leave	Daily Totals	Straight Time	Over Time
1															
16															
2															
17															
3															
18															
4															
19															
5															
20															
6															
21															
7															
22															
8															
23															
9															
24															
10															
25															
11															
26															
12															
27															
13															
28															
14															
29															
15															
30															
31															
Activity Hours															

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

I hereby certify the time claimed worked on this timesheet is accurate. Misrepresentation of the time worked or activities actually performed can constitute fraud and be criminally prosecuted as an unsworn falsification under AS 11.56.210 or as Medical Assistance Fraud under AS 47.05.210. A conviction for making a false statement on a medical record can result in a barrier from performing services for Medicaid recipients.

Completed by Payroll			
Regular	Holiday		
OT	Paid Leave		
Total Hours Paid			
Notes:			