

COMMUNITY CONNECTIONS TIMESHEET

CMH Office Staff

X

1 - 15th
16 - 31st

May 2015
MONTH/YEAR

Fife
LAST NAME

Barney
FIRST NAME

TO BE COMPLETED BY EMPLOYEE														Payroll Use		
Activity	Time In/Out	Program Director		Clinical		Service Coordination		Direct Service		CMH Administration		Holiday	Paid Leave	Daily Totals	Roll Over Hours	
															Straight Time	Over Time
1	7:30 - 4:30					9.00								9.00		
16	No Lunch															
2	8 am			8.00										8.00		
17	5 pm															
3	Out Sick												8.00	8.00		
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				8.00		9.00							8.00	25.00		

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

**Keep track of your time everyday. Turn into supervisor no later than 12 pm on timesheet day. Check timesheet due date schedule for dates.*

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

COMMUNITY CONNECTIONS TIMESHEET

CMH Direct Service Staff

X	1 - 15th	May 2015	Taylor	Opie
	16 - 31st	<u>MONTH/YEAR</u>	<u>LAST NAME</u>	<u>FIRST NAME</u>

TO BE COMPLETED BY EMPLOYEE

Activity	SS Direct Service		SS Direct Service		SS Meetings Trainings		SS Meetings Trainings		SS Special Projects		CMH Admin	Holiday	Paid Leave	Daily Totals	Payroll Use	
	SS Direct	Service	SS Direct	Service	SS Meetings Trainings	SS Meetings Trainings	SS Meetings Trainings	SS Meetings Trainings	SS Special Projects	SS Special Projects	CMH Admin	Holiday	Paid Leave	Daily Totals	Straight Time	Over Time
1 16	10:30 am 12 pm	1.50	12:15 pm 3:00 pm	2.75	3:30 pm 5 pm	1.50			8 am 10:15 am	2.25				8.00		
2 17																
3 18	Sick												8.00	8.00		
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	1.50		2.75		1.50				2.25				8.00	16.00		

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

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

COMMUNITY CONNECTIONS TIMESHEET

SDS Direct Service Staff

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

TO BE COMPLETED BY EMPLOYEE

Activity Cust. Initials	HL		KI										Holiday		Paid Leave		Daily Totals		Payroll Use	
	8 am	6.00	3 pm	2.00														Straight Time	Over Time	
1 16	8 am	6.00	3 pm	2.00													8.00			
2 17																				
3 18	Sick															8.00	8.00			
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																				
Code Hours	OASS	6.00	DSS	2.00												8.00	16.00			

Employee Signature _____ Date _____
 Supervisor Signature _____ Date _____

**Keep track of your time everyday. Turn into supervisor no later than 12 pm on timesheet day. Check timesheet due date schedule for dates.*

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

COMMUNITY CONNECTIONS TIMESHEET

Admin Staff

Bianca:
Enter Program Name

X 1 - 15th
16 - 31st

May 2015
MONTH/YEAR

Jurczak
LAST NAME

Bianca
FIRST NAME

TO BE COMPLETED BY EMPLOYEE

Activity	Time In	Time Out	ADMIN	Notes	HUD	Holiday	Paid Leave	Day Totals	Payroll Use	
									Straight Time	Over Time
1 16	8:00 AM	1:00 PM	8.50	1 Hour Lunch				8.50		
	2:00 PM	5:30 PM								
2 17			-							
3 18			-							
4 19	8:00 AM	10:15 AM	7.00	8 a 5 p 8:15 a 12:15 p 1:15 p	1.50			8.50		
	10:45 AM	5:00 PM								
5 20	8:00 AM	5:00 PM	9.00					9.00		
6 21	8:00 AM	2:30 PM	6.50	Left Early				6.50		
7 22	8:00 AM	9:00 AM	7.00					7.00		
	10:30 AM	4:30 PM								
8 23			-							
9 24			-							
10 25			-							
11 26			-							
12 27			-							
13 28			-							
14 29			-							
15 30			-							
31			-							
Hours by Activity			38.00					1.50		39.50

Employee Signature

5/7/2015
Date

Supervisor Signature

Date

*Keep track of your time everyday. Turn into supervisor no later than 12 pm on timesheet day. Check timesheet due date schedule for dates.

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