

Pay Cycle - Check Box > Fill In Dates Throughout Timesheet

- | | | |
|--|---|---|
| <input type="checkbox"/> 12/16/21 - 01/01, due 01/03 | <input type="checkbox"/> 04/24 - 05/07, due 05/09 | <input type="checkbox"/> 08/28 - 09/10, due 09/12 |
| <input type="checkbox"/> 01/02 - 01/15, due 01/18 | <input type="checkbox"/> 05/08 - 05/21, due 05/23 | <input type="checkbox"/> 09/11 - 09/24, due 09/26 |
| <input type="checkbox"/> 01/16 - 01/29, due 01/31 | <input type="checkbox"/> 05/22 - 06/04, due 06/06 | <input type="checkbox"/> 09/25 - 10/08, due 10/10 |
| <input type="checkbox"/> 01/30 - 02/12, due 02/14 | <input type="checkbox"/> 06/05 - 06/18, due 06/20 | <input type="checkbox"/> 10/09 - 10/22, due 10/24 |
| <input type="checkbox"/> 02/13 - 02/26, due 02/28 | <input type="checkbox"/> 06/19 - 07/02, due 07/05 | <input type="checkbox"/> 10/23 - 11/05, due 11/07 |
| <input type="checkbox"/> 02/27 - 03/12, due 03/14 | <input type="checkbox"/> 07/03 - 07/16, due 07/18 | <input type="checkbox"/> 11/06 - 11/19, due 11/21 |
| <input type="checkbox"/> 03/13 - 03/26, due 03/29 | <input type="checkbox"/> 07/17 - 07/30, due 08/01 | <input type="checkbox"/> 11/20 - 12/03, due 12/05 |
| <input type="checkbox"/> 03/27 - 04/09, due 04/11 | <input type="checkbox"/> 07/31 - 08/13, due 08/15 | <input type="checkbox"/> 12/04 - 12/17, due 12/19 |
| <input type="checkbox"/> 04/10 - 04/23, due 04/25 | <input type="checkbox"/> 08/14 - 08/27, due 08/29 | |

COMMUNITY CONNECTIONS

2022 Bi-Weekly Timesheet

CMH Direct Service Staff

LAST NAME _____

FIRST NAME _____

TO BE COMPLETED BY EMPLOYEE

Fill in dates and track time daily. Due to supervisors by 5 pm on timesheet days. See payroll calendar for pay period details.

Day	Date	TO BE COMPLETED BY EMPLOYEE								Payroll Use				
		CMH Direct Service	CMH Direct Service	CMH Direct Service	CMH Administration	CMH Administration	CMH Administration	CMH Administration	Holiday	Paid Leave	Daily Totals	Roll Over Hours		
												Straight Time	Over Time	
Week 1	Sun													
	Mon													
	Tue													
	Wed													
	Thu													
	Fri													
	Sat													
	Wk 1 Total													
Week 2	Sun													
	Mon													
	Tue													
	Wed													
	Thu													
	Fri													
	Sat													
	Wk 2 Total													
Total Hours										0.00	0.00	0.00		

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. VI.17

Notes:

QA'd for Processing: _____

Pay Cycle - Check Box > Fill In Dates Throughout Timesheet

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|--|---|---|
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COMMUNITY CONNECTIONS

2022 Bi-Weekly Timesheet

SDS Direct Service Staff

LAST NAME _____

FIRST NAME _____

TO BE COMPLETED BY EMPLOYEE													Payroll Use					
Fill in dates and track time daily. Due to supervisors by 5 pm on timesheet days. See payroll calendar for pay period details.													Roll Over Hours					
Day	Date	Code	Hours	Code	Hours	Code	Hours	Code	Hours	Code	Hours	Code	Hours	Holiday	Paid Leave	Daily Totals	Straight Time	Over Time
Week 1	Sun																	
	Mon																	
	Tue																	
	Wed																	
	Thu																	
	Fri																	
	Sat																	
	Code Hours																	
Week 2	Sun																	
	Mon																	
	Tue																	
	Wed																	
	Thu																	
	Fri																	
	Sat																	
	Code Hours																	
	Code Hours													0.00	0.00	0.00		

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

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Notes:

QA'd for Processing: _____

COMMUNITY CONNECTIONS

2022 Bi-Weekly Timesheet

In-Office Staff

Pay Cycle - Check Box > Fill In Dates Throughout Timesheet

- | | | |
|--|---|---|
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LAST NAME _____

FIRST NAME _____

TO BE COMPLETED BY EMPLOYEE

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TO BE COMPLETED BY EMPLOYEE													Payroll Use		
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Day											Holiday	Paid Leave	Daily Totals	Straight Time	Over Time
	Date														
Week 1	Sun														
	Mon														
	Tue														
	Wed														
	Thu														
	Fri														
	Sat														
	Wk 1 Total														
Week 2	Sun														
	Mon														
	Tue														
	Wed														
	Thu														
	Fri														
	Sat														
	Wk 2 Total														
Total Hours															
											0.00	0.00	0.00		

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

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