



Residential Time Sheet

BIWEEKLY EMPLOYEE TIMESHEET

EMPLOYEE NAME: _____

Primary Work Location: _____

| PAY PERIOD: _____ | | | | | | | | Note: | |
|-------------------|------|-----------------|-----|-------------------|----------------|-----|------------------|-------|-------------|
| Week | Date | Direct Care Hrs | | Total Direct Care | Over Night Hrs | | Total Over Night | | Grand Total |
| | | IN | OUT | | IN | OUT | | | |
| Sun | | | | | | | | | |
| Sun | | | | | | | | | |
| Mon | | | | | | | | | |
| Mon | | | | | | | | | |
| Tue | | | | | | | | | |
| Tue | | | | | | | | | |
| Wed | | | | | | | | | |
| Wed | | | | | | | | | |
| Thu | | | | | | | | | |
| Thu | | | | | | | | | |
| Fri | | | | | | | | | |
| Fri | | | | | | | | | |
| Sat | | | | | | | | | |
| Sat | | | | | | | | | |
| | | Total | | | Total | | | | |

| PAY PERIOD: _____ | | | | | | | | Note: | |
|-------------------|------|-----------------|-----|-------------------|----------------|-----|------------------|-------|-------------|
| Week | Date | Direct Care Hrs | | Total Direct Care | Over Night Hrs | | Total Over Night | | Grand Total |
| | | IN | OUT | | IN | OUT | | | |
| Sun | | | | | | | | | |
| Sun | | | | | | | | | |
| Mon | | | | | | | | | |
| Mon | | | | | | | | | |
| Tue | | | | | | | | | |
| Tue | | | | | | | | | |
| Wed | | | | | | | | | |
| Wed | | | | | | | | | |
| Thu | | | | | | | | | |
| Thu | | | | | | | | | |
| Fri | | | | | | | | | |
| Fri | | | | | | | | | |
| Sat | | | | | | | | | |
| Sat | | | | | | | | | |
| | | Total | | | Total | | | | |

| <p>* Overtime Hours- Should be paid by the Dept that requested the service. Note: One Time Sheet for each House.</p> | | <table border="1"> <thead> <tr> <th>Total Summary Hours</th> <th>Grand Total</th> </tr> </thead> <tbody> <tr><td>Direct Care</td><td></td></tr> <tr><td>Over Night</td><td></td></tr> <tr><td>* Overtime</td><td>"Office Use"</td></tr> <tr><td>PPL</td><td></td></tr> <tr><td>Furlough</td><td></td></tr> <tr><td>Holiday</td><td></td></tr> <tr><td>Other:</td><td></td></tr> <tr><td colspan="2">Total.....</td></tr> </tbody> </table> | Total Summary Hours | Grand Total | Direct Care | | Over Night | | * Overtime | "Office Use" | PPL | | Furlough | | Holiday | | Other: | | Total..... | |
|---|--------------|--|---------------------|-------------|-------------|--|------------|--|------------|--------------|-----|--|----------|--|---------|--|--------|--|------------|--|
| Total Summary Hours | Grand Total | | | | | | | | | | | | | | | | | | | |
| Direct Care | | | | | | | | | | | | | | | | | | | | |
| Over Night | | | | | | | | | | | | | | | | | | | | |
| * Overtime | "Office Use" | | | | | | | | | | | | | | | | | | | |
| PPL | | | | | | | | | | | | | | | | | | | | |
| Furlough | | | | | | | | | | | | | | | | | | | | |
| Holiday | | | | | | | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | | | | | | |
| Total..... | | | | | | | | | | | | | | | | | | | | |

Comments/ Explanation of Extra Hours Worked:

I certify that the information above is accurate and complete.

Employee Signature: _____ Date: _____
 Supervisor's Signature: _____ Date: _____

**CODE : Furlough =Unpaid Day Off - PPL = Vacation, Personal or Sick Day - Hol= Holiday - B =Bereavement
 CTE = Comp Time Earned - JD = Jury Duty - OT = Overtime - ML = Military Leave - D = Education Leave