



**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.<br/>         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