



## 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				

  

\* Overtime Hours- Should be paid by the Dept that requested the service.

Note: One Time Sheet for each House.

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