

**TRIANGLE INC.  
RESIDENTIAL BIWEEKLY TIME SHEET**

Employee Name \_\_\_\_\_ Payroll Week Ending \_\_\_\_\_

Program: \_\_\_\_\_

| DAY       | DATE<br>2010 | TIME<br>IN | TIME<br>OUT | Direct<br>Care<br>Hours | O/N<br>Hours | PSS<br>Hours | **OTHER<br>(Use Code) | Comments: |
|-----------|--------------|------------|-------------|-------------------------|--------------|--------------|-----------------------|-----------|
| SUNDAY    |              |            |             |                         |              |              |                       |           |
| MONDAY    |              |            |             |                         |              |              |                       |           |
| TUESDAY   |              |            |             |                         |              |              |                       |           |
| WEDNESDAY |              |            |             |                         |              |              |                       |           |
| THURSDAY  |              |            |             |                         |              |              |                       |           |
| FRIDAY    |              |            |             |                         |              |              |                       |           |
| SATURDAY  |              |            |             |                         |              |              |                       |           |

Total Hours = \_\_\_\_\_

Payroll Week Ending \_\_\_\_\_

| DAY       | DATE<br>2010 | TIME<br>IN | TIME<br>OUT | Direct<br>Care<br>Hours | O/N<br>Hours | PSS<br>Hours | **OTHER<br>(Use Code) | Comments: |
|-----------|--------------|------------|-------------|-------------------------|--------------|--------------|-----------------------|-----------|
| SUNDAY    |              |            |             |                         |              |              |                       |           |
| MONDAY    |              |            |             |                         |              |              |                       |           |
| TUESDAY   |              |            |             |                         |              |              |                       |           |
| WEDNESDAY |              |            |             |                         |              |              |                       |           |
| THURSDAY  |              |            |             |                         |              |              |                       |           |
| FRIDAY    |              |            |             |                         |              |              |                       |           |
| SATURDAY  |              |            |             |                         |              |              |                       |           |

Total Hours = \_\_\_\_\_

| Total Summary Hours | Total Hours |
|---------------------|-------------|
| Direct Care         |             |
| Overnight           |             |
| PSS                 |             |
| PPL                 |             |
| Furlough            |             |
| Holiday             |             |
| Other               |             |

Total Hours = \_\_\_\_\_

*I hereby certify that I have worked the hours indicated on this time sheet*

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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