

EMPLOYEE LEGAL NAME: _____

PROGRAM

PAY PERIOD
 START DATE: _____ END DATE: _____

One program per timesheet

		Sunday Shifts Begin at 12:00 MIDNIGHT Indicate A.M./P.M.		Program	TOTAL HOURS	RATE OF PAY PER SHIFT	RGR HOURS	ASLEEP OVER NIGHT	STIPEND HOURS	UNBILLABLE HOURS	ORIENTATION HOURS	TRAINING HOURS	PTO HOURS	UNWORKED HOLIDAY HOURS	OVERTIME HOURS	HOLIDAY PREMIUM HOURS
DAY	DATE	SHIFT WORKED	Circle	Individual							9.86					
SUN			AM-PM													
			AM-PM													
			AM-PM													
MON			AM-PM													
			AM-PM													
			AM-PM													
TUE			AM-PM													
			AM-PM													
			AM-PM													
WED			AM-PM													
			AM-PM													
			AM-PM													
THU			AM-PM													
			AM-PM													
			AM-PM													
FRI			AM-PM													
			AM-PM													
			AM-PM													
SAT			AM-PM													
			AM-PM													
			AM-PM													
		Saturday Shifts End at 12:00 MIDNIGHT		WK 1 Subtotal												
SUN			AM-PM													
			AM-PM													
			AM-PM													
MON			AM-PM													
			AM-PM													
			AM-PM													
TUE			AM-PM													
			AM-PM													
			AM-PM													
WED			AM-PM													
			AM-PM													
			AM-PM													
THU			AM-PM													
			AM-PM													
			AM-PM													
FRI			AM-PM													
			AM-PM													
			AM-PM													
SAT			AM-PM													
			AM-PM													
			AM-PM													
		(Saturday Shifts End at 12:00 MID)		WK 2 Subtotal												
					TOTALS:											

Total Billable Hours Pay Period Total

Employee Signature _____

Program Supervisor Approval _____

Inaccurate or incomplete time sheets will be returned for corrections, which may result in a delay in payment.