

EMPLOYEE: _____
(Please print full name)

POSITION: NURSE CONSULTANT
POSITION: FLOATER (AWAKE)
POSITION: FLOATER (SLEEP)

EMPLOYEE ID#: _____

SCHEDULED HOURS: WEEK 1
SCHEDULED HOURS: WEEK 2

PAY PERIOD: _____ TO _____

		PROGRAM CODE										CUM HRS
DATE	DAY	TIME IN	TIME OUT	NUMBER OF HOURS WORKED								
WK 1 TOTAL PER PROG												

HRS WORKED	
OVERTIME	
HOLIDAY	
TOTAL HRS ACTUALLY WORKED	

FULL TIME STAFF ONLY

PTO	
PAID HOLIDAY	
Funeral, Court Duty, Other	

COMPLETED BY: _____

employee full signature

REVIEWED BY: _____

supervisor full signature

Identify other program worked in pay period:

Program		
Hrs. Worked	Wk1	Wk2

SUPERVISOR'S COMMENTS TO PAYROLL:

		PROGRAM CODE										CUM HRS
DATE	DAY	TIME IN	TIME OUT	NUMBER OF HOURS WORKED								
WK 2 TOTAL PER PROG												
DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY												
PROGRAM CODES												
2 WEEK TOTAL = REG												
OVERTIME												
HOLIDAY												

PAY PERIOD	TIMESHEETS TO SUPERVISOR		CHECKS ISSUED
	10 AM	PAYROLL 4 PM	
12/06/2020-12/19/2020	12/21/2020	12/22/2020**	12/24/2020
12/20/2020-01/02/2021	1/4/2021	1/5/2021	1/8/2021
01/03/2021-01/16/2021	1/18/2021	1/19/2021	1/22/2021
01/17/2021-01/30/2021	2/1/2021	2/2/2021	2/5/2021
01/31/2021-02/13/2021	2/15/2021	2/16/2021	2/19/2021
02/14/2021-02/27/2021	3/1/2021	3/2/2021	3/5/2021
02/28/2021-03/13/2021	3/15/2021	3/16/2021	3/19/2021
03/14/2021-03/27/2021	3/29/2021	3/30/2021	4/2/2021
03/28/2021-04/10/2021	4/12/2021	4/13/2021	4/16/2021
04/11/2021-04/24/2021	4/26/2021	4/27/2021	☺ 4/30/2021
04/25/2021-05/08/2021	5/10/2021	5/11/2021	5/14/2021
05/09/2021-05/22/2021	5/24/2021	5/25/2021	5/28/2021
05/23/2021-06/05/2021	6/7/2021	6/8/2021	6/11/2021
06/06/2021-06/19/2021	6/21/2021	6/22/2021	6/25/2021
06/20/2021-07/03/2021	7/6/2021	7/7/2021**	7/9/2021
07/04/2021-07/17/2021	7/19/2021	7/20/2021	7/23/2021
07/18/2021-07/31/2021	8/2/2021	8/3/2021	8/6/2021
08/01/2021-08/14/2021	8/16/2021	8/17/2021	8/20/2021
08/15/2021-08/28/2021	8/30/2021	8/31/2021	9/3/2021
08/29/2021-09/11/2021	9/13/2021	9/14/2021	9/17/2021
09/12/2021-09/25/2021	9/27/2021	9/28/2021	10/1/2021
09/26/2021-10/09/2021	10/11/2021	10/12/2021	10/15/2021
10/10/2021-10/23/2021	10/25/2021	10/26/2021	☺ 10/29/2021
10/24/2021-11/06/2021	11/8/2021	11/9/2021	11/12/2021
11/07/2021-11/20/2021	11/22/2021	11/23/2021**	11/26/2021
11/21/2021-12/04/2021	12/6/2021	12/7/2021	12/10/2021
12/05/2021-12/18/2021	12/20/2021	12/21/2021**	12/23/2021

INSTRUCTIONS FOR TIME SHEET COMPLETION

PROGRAM CODES

- | | | |
|--------------------|------------------------------|---------------------------|
| 31 - Apple View | 32 - Emerson | 35 - Parkwood |
| 12 - Arbor | 13 - 14 th Avneue | 27 - Shadyview |
| 33 - Bassett Creek | 23 - Gardenview | 19 - Silver Oaks |
| 10 - Birch Lake | 29 - Highland | 38 - Skyline |
| 14 - Burnhaven | 26 - Huntington | 07 - South St. Paul Sites |
| 28 - Cedar Crest | 17 - Jefferson | 34 - Southview |
| 39 - Coachman | 15 - Lakeview | 42 - Swift Lane |
| 08 - Cornell Trail | 37 - Midland | 43 - Third Avenue |
| 44 - Corner Place | 21 - Northview | 16 - Westwood |
| 24 - Creekside | 18 - Oak Hills | 20 - Woodlake |
| 48 - Deerview | 47 - Oxbury | 11 - Woodridge |
| 22 - Echo Park | 25 - Parkside | |

INSTRUCTIONS FOR TIME SHEET COMPLETION

EMPLOYEE: Complete name (please print)
 EMPLOYEE ID#: This number can be found on your paycheck.
 PAY PERIOD: Reference payroll schedule
 PROGRAM CODE: Use site code to indicate place worked (see above) Use the same column for each separate program
 Worked in the two week time period.

 DATE: Date worked
 DAY: I.e., Su, M, T, etc.
 TIME IN: Time you began work. Include AM or PM.
 TIME OUT: Time you finished work. Include AM or PM. Separate days at Midnight (12AM).
 # HOURS: Total hours worked that day
 CUM HRS: Add cumulative, total hours worked. Record actual hours worked only.

 EACH WEEK RUNS FROM SUNDAY THROUGH SATURDAY.
 WEEK 1 TOTAL: Add all hours for the week in each column vertically.
 The total of all columns will equal the total for
 CUM HRS.

FOLLOW THE ABOVE PROCEDURE FOR COMPLETING WEEK 2
 * If there is not adequate space to record your hours, use additional timesheets.

 IMPORTANT: Do not write below the line stating: "Do not write below this line." The temp supervisor will complete this section.

 Identify other program worked in time period: If you worked at another program or divisions in this time period, identify the program and put the number of hours worked each week.

PLEASE SIGN YOUR TIME CARD VERIFYING THE RECORDED HOURS.
 (This is required in all ICF/MR sites.)

*Timecards are due to Payroll at 10:00a.m. on listed date due to holiday during week.

** Timecards are due to Payroll at **NOON** on listed date due to holiday occurring during the week
 ☺ No benefit deductions: **4/30/21 & 10/29/21**