

TIME SHEET

THE ALTERNATIVE LIVING GROUP, INC.

Year: _____

Employee Name _____

Title _____

Program _____

Check here if address or telephone have changed and enter on reverse side.

W	Date	In A.M.	Out A.M.	In P.M.	Out P.M.	Paid Leave Hours Used	Other Hours	Total Hours
E	Sunday							
E	Monday							
K	Tuesday							
	Wednesday							
I	Thursday							
	Friday							
	Saturday							
Total Paid Leave Used for Week 1								
Total Week 1								
W	Date	In A.M.	Out A.M.	In P.M.	Out P.M.	Paid Leave Hours Used	Other Hours	Total Hours
E	Sunday							
E	Monday							
K	Tuesday							
	Wednesday							
2	Thursday							
	Friday							
	Saturday							
Total Paid Leave Used for Week 2								
Total Week 2								

Paid Leave Beginning Balance _____
 Accruals (6.67) _____
 Paid Leave Used _____
 Paid Leave Ending Balance _____

Note: Above are the actual hours I have worked in the current pay period. I understand that false statements on this time sheet will result in DISMISSAL.

OT - Total Hours _____ Total Hours for Pay Period _____

Explain: _____

Employee Signature

Overtime Approval: _____

Supervisor Signature

Number of unscheduled absence hours this pay period: _____

Total number of unscheduled absence hours to date: _____

This Pay Period I have also worked in the following ALG houses/programs:
 ___999 ___1085 ___1515 ___1434 ___5 ___47 ___7 ___2A ___1770 ___118 ___Respite ___Other

Time sheets are due into the main office no later than 12:00 Noon on the Monday immediately following close of the payroll period.
 forms:timesheet