



NEW HAVEN TIMESHEET

Employee Name: _____

Assignment Base: _____

Pay Period For: (Month of) _____

1st-15th OR 16th - 31st

(Circle related pay period)

Instructions: (1) Circle date applicable under far left column. (2) Use timesheet to request time off with pay (from your sick or vacation banks, as available and as eligible). (3) Also use to report time worked (in lieu of the electronic capture of time worked or to report other paid time off). (4) Provide to your supervisor on or before the last working day of the pay period, whenever possible. Your supervisor (or designee) will approve & transmit to payroll.
 Note: If reporting training hours, report in time in/time out but note # of hours that are included in total hours, allocated to training. Exempt employees must also use to allocate hours to RCL categories, as specified for all pay period that apply. (Exceptions require Director, HR, or CEO Approval - see related policy and procedures).

Circle Date to be pd	Time IN	AM or PM	Time OUT	AM or PM	Time IN	AM or PM	Time OUT	AM or PM	REG (R) HOURS WORKED	If not worked, charge Hrs to Following: V=Vacation, S=Sick, F=Floating Holiday				Location(s) Worked	Work Time Allocation* (Residential Affiliated EEs)					
										V	S	F	Comments		A	B	C	D	E	F
										Example	8:00	AM	12:00		AM	1:00	PM	3:00	PM	6
1	16																			
2	17																			
3	18																			
4	19																			
5	20																			
6	21																			
7	22																			
8	23																			
9	24																			
10	25																			
11	26																			
12	27																			
13	28																			
14	29																			
15	30																			
	31																			
Totals																				

* RCL Work Allocation - Non-Ex & Exempt employees, please note hours worked, as applicable, by categories A-F for funding allocation.

A = Child Care/Supervision B=Social Work C=Training D=GH Administration E=TBS F=Instructor

I hereby certify that I have correctly recorded actual hours worked and have reported any and all on-the-job injuries to the HR Department.

Employee Signature

Date

Supervisor / Approving Signature

Date

Exception Approval

Date

My signature, following, acknowledges that I understand that my lateness or need to leave early for personal reasons may cause me to be paid only for time attended and less than the full two (2) hours of training/meeting on _____, **Employee Signature:** _____