

FOR USE BY MCCLURE CLIENT CAREGIVERS

Pay Cycle: 1st thru 15th

Please Fill In Month, Year, and Dates

Employer: _____

Authorized By: _____

Pay Cycle: 16th thru End of Month

S = Start Time
L = Leave Time
T = Total Time

Office Use Only

Phone: 687-1388 Fax: 687-0641

Month and Year

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Hrs by Week |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|-----------------|
| S: _____ L: _____ T: _____ | S: _____ L: _____ T: _____ | S: _____ L: _____ T: _____ | S: _____ L: _____ T: _____ | S: _____ L: _____ T: _____ | S: _____ L: _____ T: _____ | S: _____ L: _____ T: _____ | Total Hrs _____ |
| S: _____ L: _____ T: _____ | S: _____ L: _____ T: _____ | S: _____ L: _____ T: _____ | S: _____ L: _____ T: _____ | S: _____ L: _____ T: _____ | S: _____ L: _____ T: _____ | S: _____ L: _____ T: _____ | Total Hrs _____ |
| S: _____ L: _____ T: _____ | S: _____ L: _____ T: _____ | S: _____ L: _____ T: _____ | S: _____ L: _____ T: _____ | S: _____ L: _____ T: _____ | S: _____ L: _____ T: _____ | S: _____ L: _____ T: _____ | Total Hrs _____ |
| S: _____ L: _____ T: _____ | S: _____ L: _____ T: _____ | S: _____ L: _____ T: _____ | S: _____ L: _____ T: _____ | S: _____ L: _____ T: _____ | S: _____ L: _____ T: _____ | S: _____ L: _____ T: _____ | Total Hrs _____ |
| S: _____ L: _____ T: _____ | S: _____ L: _____ T: _____ | S: _____ L: _____ T: _____ | S: _____ L: _____ T: _____ | S: _____ L: _____ T: _____ | S: _____ L: _____ T: _____ | S: _____ L: _____ T: _____ | Total Hrs _____ |

Employee Name: _____

Employee Signature: _____

Total Hours: _____