

FOR USE BY MCCLURE CLIENT CAREGIVERS

Pay Cycle: 1st thru 15th
 Time sheets are **due by 9:00 a.m. on July 18th**
 Payday is on July 20th

Employer: _____

Authorized By: _____

Pay Cycle: 16th thru End of Month
 Time sheets are **due by 9:00 on August 2nd**
 Payday is on August 4th

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



July 2017

Phone: 541-687-1388 Fax: 541-687-0641

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: _____	Time Due 30	S: _____ L: _____ T: _____	1 Total Hrs _____
2	CLOSED	3	HOLIDAY	4	Payday	5	6
S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	7 Total Hrs _____
9	10	11	12	13	14	15	16
S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	17 Total Hrs _____
16	17	Time Due	18	19	Payday	20	21
S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	22 Total Hrs _____
23	24	25	26	27	28	29	30
S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	31 Total Hrs _____

Employee Name: _____

Employee Signature: _____

Total Hours: _____