

# FOR USE BY MCCLURE CLIENT CAREGIVERS

Pay Cycle: 1st thru 15th  
 Time sheets are **due by 9:00 a.m. on June 16th**  
 Payday is on June 20th

Employer: \_\_\_\_\_

Authorized By: \_\_\_\_\_

Pay Cycle: 16th thru End of Month  
 Time sheets are **due by 9:00 on June 30th.**  
 Payday is on July 5th

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



## June 2017

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

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Hrs by Week
				Time Due to McClure by 9:00a.m.	1	2	3
S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	Total Hrs _____
4	Payday	5	6	7	8	9	10
S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	Total Hrs _____
11	12	13	14	15	Time Due to McClure by 9:00a.m.	16	17
S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	Total Hrs _____
18	19	Payday	20	21	22	23	24
S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	Total Hrs _____
25	26	27	28	29	Time Due to McClure by 9:00a.m.	30	
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: \_\_\_\_\_