

FOR USE BY MCCLURE CLIENT CAREGIVERS

Pay Cycle: 1st thru 15th
 Time sheets are **due by 9:00 a.m. on May 17th**
 Payday is on May 19th

Employer: _____

Authorized By: _____

Pay Cycle: 16th thru End of Month
 Time sheets are **due by 9:00 on June 1st**
 Payday is on June 5th

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



May 2017

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

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Hrs by Week
	1	2	3 <i>Time Due to McClure by 9:00a.m.</i>	4	5 Payday	6	
S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	Total Hrs _____
	7	8	9	10	11	12	13
S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	Total Hrs _____
	14	15	16	17 <i>Time Due to McClure by 9:00a.m.</i>	18	19 Payday	20
S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	Total Hrs _____
	21	22	23	24	25	26	27
S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	S: _____ L: _____ T: _____	Total Hrs _____
	28	29	30	31			
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: _____