FOR USE BY MCCLURE CLIENT CAREGIVERS

Employer: _____

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

Authorized By: _____

Pay Cycle: 16th thru End of Month
Time sheets are ***due by 9:00 on Ocober 3rd***
Payday is on October 5th

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

Office Use Only

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

September 2017

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Hrs by Week
					TIME DUE 1	2	
S: ___ L: ___ T:	S: ___ L: ___ T:	S: ___ L: ___ T:	S: ___ L: ___ T:	S: ___ L: ___ T:	S: ___ L: ___ T:	S: ___ L: ___ T:	Total Hrs ___
3	**HOLIDAY** 4	**Payday** 5	6	7	8	9	
S: ___ L: ___ T:	S: ___ L: ___ T:	S: ___ L: ___ T:	S: ___ L: ___ T:	S: ___ L: ___ T:	S: ___ L: ___ T:	S: ___ L: ___ T:	Total Hrs ___
10	11	12	13	14	15	16	
S: ___ L: ___ T:	S: ___ L: ___ T:	S: ___ L: ___	S: ___ L: ___	S: ___ L: ___	S: ___ L: ___ T:	S: ___ L: ___	Total Hrs ___
17	**TIME DUE** 18	19	**Payday** 20	21	22	23	
S: ___ L: ___ T:	S: ___ L: ___ T:	S: ___ L: ___ T:	S: ___ L: ___ T:	S: ___ L: ___ T:	S: ___ L: ___ T:	S: ___ L: ___ T:	Total Hrs ___
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:	Total Hrs ___
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: _____

Time Sheets are available for printing online at: mcclureassoc.com/downloads