

**TRIANGLE INC.
RESIDENTIAL BIWEEKLY TIME SHEET**

Employee Name _____ Payroll Week Ending _____

Program: _____

DAY	DATE 2010	TIME IN	TIME OUT	Direct Care Hours	O/N Hours	PSS Hours	**OTHER (Use Code)	Comments:
SUNDAY								
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								

Total Hours = _____

Payroll Week Ending _____

DAY	DATE 2010	TIME IN	TIME OUT	Direct Care Hours	O/N Hours	PSS Hours	**OTHER (Use Code)	Comments:
SUNDAY								
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								

Total Hours = _____

Total Summary Hours	Total Hours
Direct Care	
Overnight	
PSS	
PPL	
Furlough	
Holiday	
Other	

Total Hours = _____

I hereby certify that I have worked the hours indicated on this time sheet

Staff Signature: _____ Date: _____

Program Manager Signature: _____ Date: _____

****CODE :** Furlough = Unpaid Day Off - PPL = Vacation, Personal or Sick Day - Hol = Triangle Holiday - B = Bereavement
CTE = Comp Time Earned - JD = Jury Duty - OT = Overtime - ML = Military Leave - E = Education Leave