

Gateways Community Services Non-Exempt Timesheet

Mail : 144 Canal Street, Nashua, NH 03064

Fax: 603-459-2726

Payroll Period End (Friday Midnight): _____

Employee Name (Print Name): _____

Employee Signature: _____

Supervisor Signature: _____

Program Code: _____

REMINDER
TIME SHEETS ARE DUE
to Gateways Community Services
Monday by 9AM
after each Pay Period Ending Date

DAY	DATE (MM/DD/YY)	TIME IN Hours	AM PM (circle)	TIME OUT Hours	AM PM (circle)	Regular Hours	Earned Time	Holiday Hours	Sleep Hours	OT Hours	CLIENT CODE/ COST CENTER
Sat		:	AM PM	:	AM PM						
		:	AM PM	:	AM PM						
Sun		:	AM PM	:	AM PM						
		:	AM PM	:	AM PM						
Mon		:	AM PM	:	AM PM						
		:	AM PM	:	AM PM						
Tues		:	AM PM	:	AM PM						
		:	AM PM	:	AM PM						
Wed		:	AM PM	:	AM PM						
		:	AM PM	:	AM PM						
Thurs		:	AM PM	:	AM PM						
		:	AM PM	:	AM PM						
Fri		:	AM PM	:	AM PM						
		:	AM PM	:	AM PM						
FIRST WEEK TOTALS							

This is a Legal Document. Please initial any changes or corrections. Please do not use white out or pencil.

Sat		:	AM PM	:	AM PM						
		:	AM PM	:	AM PM						
Sun		:	AM PM	:	AM PM						
		:	AM PM	:	AM PM						
Mon		:	AM PM	:	AM PM						
		:	AM PM	:	AM PM						
Tues		:	AM PM	:	AM PM						
		:	AM PM	:	AM PM						
Wed		:	AM PM	:	AM PM						
		:	AM PM	:	AM PM						
Thurs		:	AM PM	:	AM PM						
		:	AM PM	:	AM PM						
Fri		:	AM PM	:	AM PM						
		:	AM PM	:	AM PM						
SECOND WEEK TOTALS							

TOTALS FOR BOTH WEEKS

<i>Office Use Only:</i>					Round Total Hours to the Nearest quarter hour: 15 mins= 0.25 30 mins= 0.50 45 mins= 0.75