Gateways Community Services Biweekly Timesheet

Payroll Period End Date *(Friday Midnight)* :

Employee Name *(Print Name)* :

Employee Signature:

Supervisor Signature:

Program Code:

*** REMINDER ***

All timesheets are **DUE** by **9 AM on Monday** after each Pay Period Ending Date

Date Received Stamp:

Dept. Approval:

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	Training Hours	Training (Circle)	Travel Hours	Client Code/ Cost Center
Sat			AM PM		AM PM							Relias Other		
			AM PM		AM PM							Relias Other		
Sun			AM PM		AM PM							Relias Other		
			AM PM		AM PM							Relias Other		
Mon			AM PM		AM PM							Relias Other		
			AM PM		AM PM							Relias Other		
Tues			AM PM		AM PM							Relias Other		
			AM PM		AM PM							Relias Other		
Wed			AM PM		AM PM							Relias Other		
			AM PM		AM PM							Relias Other		
Thurs			AM PM		AM PM							Relias Other		
			AM PM		AM PM							Relias Other		
Fri			AM PM		AM PM							Relias Other		
			AM PM		AM PM							Relias Other		
FIRST WEEK TOTALS														

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

Sat			AM PM		AM PM							Relias Other		
			AM PM		AM PM							Relias Other		
Sun			AM PM		AM PM							Relias Other		
			AM PM		AM PM							Relias Other		
Mon			AM PM		AM PM							Relias Other		
			AM PM		AM PM							Relias Other		
Tues			AM PM		AM PM							Relias Other		
			AM PM		AM PM							Relias Other		
Wed			AM PM		AM PM							Relias Other		
			AM PM		AM PM							Relias Other		
Thurs			AM PM		AM PM							Relias Other		
			AM PM		AM PM							Relias Other		
Fri			AM PM		AM PM							Relias Other		
			AM PM		AM PM							Relias Other		
SECOND WEEK TOTALS														
TOTALS FOR BOTH WEEKS														

Office Use Only:

Round to nearest quarter hour:

15 mins = 0.25
30 mins = 0.50
45 mins = 0.75

How to Submit Timesheets

Fax to: **(603) 459-2726**

Front Desk 8:30-4:30 M-F or Red Lock Box 24/7

Drop off/Mail

144 Canal Street, Nashua, NH 03064

Scan & Email by Program Code: Starting with:

***CDS: cdsclaims@gatewayscs.org (I00, I0W, J0J, R00, L00)**

***Caregivers/VIP: fmtimesheets@gatewayscs.org (M00 or V00)**