# 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

### Day

<table>
<thead>
<tr>
<th>DATE</th>
<th>Time In AM PM</th>
<th>Time Out AM PM</th>
<th>Regular Hours</th>
<th>Earned Time</th>
<th>Holiday Hours</th>
<th>Sleep Hours</th>
<th>OT Hours</th>
<th>Training Hours (Circle)</th>
<th>Travel Hours</th>
<th>Client Code/ Cost Center</th>
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<tbody>
<tr>
<td>Mon</td>
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<td>Relias Other</td>
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</tbody>
</table>

### FIRST WEEK TOTALS

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

### SECOND WEEK TOTALS

**TOTALS FOR BOTH WEEKS**

Round to nearest quarter hour:

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

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**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

*CDST: cdsclaims@gatewayscs.org (000, 10W, J0J, R00, L00)

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