

YAMHILL COUNTY HHS STANDARD TIME SHEET

CONTRACT

PAYROLL PERIOD: _____ TO _____

EMPLOYEE NAME: _____ EMPLOYEE NUMBER: _____

24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	

	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	
Regular Hours																	TOTAL
MHPP																	
Adult Recovery Court																	
Choice Model																	
Non program specific (including any general staff meetings)																	
Public Health COVID-19 Response Hours																	
Program-Specific COVID-19 Response Hours																	
Hours OUTSIDE of your normal program (not Public Health). If you enter hours here, you MUST choose the program in the box below.																	
Choose the program from the drop down. If you choose OTHER, use "Remarks" section below to explain.																	
TOTAL PROGRAM HOURS																	
002 OVERTIME HOURS - (Actual hours worked)																	
002 OVERTIME HOURS related to hours outside your normal program (Actual hours worked)																	
301 FET																	
310 Holiday																	
004 SHIFT DIFFERENTIAL .80																	
004 SHIFT DIFFERENTIAL .80 (related to hours outside your normal program)																	
004 SHIFT DIFFERENTIAL 1.20																	
004 SHIFT DIFFERENTIAL 1.20 (related to hours outside your normal program)																	
005 CALL OUT PAY - (portal to portal - 2 hr min per episode)																	
209 PAGER PAY																	
209 PAGER PAY (related to hours outside your normal program)																	
360 SICK LEAVE HOURLY																	
322 ADMINISTRATIVE LEAVE																	
TOTAL																	

302 EARNED COMP TIME @ 1.0																	
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302 EARNED COMP TIME @ 1.5 (multiply actual hours by 1.5)																	
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BEGINNING COMP BAL.	
ENDING COMP BALANCE	-

BEGINNING FET BAL.	
ENDING FET BALANCE	

ENTER REMARKS EXPLAINING ANY SPECIAL CIRCUMSTANCES:

Employee Signature: _____	Approval: _____
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