YAMHILL COUNTY HHS STANDARD TIME SHEET

NON-SALARIED: HOURLY & PT

PAYROLL PERIOD: _____ **TO** _____

EMPLOYEE NAME: _____ **EMPLOYEE NUMBER:** _____

	24 9	25 10	26 11	27 12	28 13	29 14	30 15	31 16	1 17	2 18	3 19	4 20	5 21	6 22	7 23	8	TOTAL
Regular Hours																	0.00
MHPP																	0.00
Adult Recovery Court																	0.00
Choice Model																	0.00
Non program specific (including any general staff meetings)																	0.00
Public Health COVID-19 Response Hours																	0.00
Program-Specific COVID-19 Response Hours																	0.00
Hours OUTSIDE of your normal program (not Public Health). If you enter hours here, you MUST choose the program in the box below.																	0.00
Choose the program from the drop down. If you choose OTHER, use "Remarks" section below to explain.	Select prog	Select prog	Select prog	Select prog	Select prog	Select prog	Select prog	Select prog	Select prog	Select prog	Select prog	Select prog	Select prog	Select prog	Select prog	Select prog	
TOTAL PROGRAM HOURS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
001 EXTRA HOURS																	0.000
002 OVERTIME HOURS - (Actual hours worked)																	0.000
002 OVERTIME HOURS related to hours outside your normal program (Actual hours worked)																	0.000
301 FET																	0.000
303 COMP TIME USED																	0.000
																	0.000
																	0.000
311 FLOATING HOLIDAY																	0.000
360 SICK LEAVE HOURLY																	0.000
004 SHIFT DIFFERENTIAL .80																	0.000
004 SHIFT DIFFERENTIAL .40 (related to hours outside your normal program)																	0.000
004 SHIFT DIFFERENTIAL $1.20																	0.000
004 SHIFT DIFFERENTIAL .80 (related to hours outside your normal program)																	0.000
005 CALL OUT PAY - (portal to portal - 2 hr min per episode)																	0.000
209 PAGER PAY																	0.000
209 PAGER PAY (related to hours outside your normal program)																	0.000
327 FMLA-FET																	0.000
205 BILINGUAL PAY																	0.000
340 FMLA WITHOUT PAY																	0.000
310 Holiday																	0.000
																	0.000
TOTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
302 EARNED COMP TIME @ 1.0																	0.000
302 EARNED COMP TIME @ 1.5 (multiply actual hours by 1.5)																	0.000

BEGINNING COMP BAL.	
ENDING COMP BALANCE	0.000

BEGINNING FET BAL.	
ENDING FET BALANCE	0.000

ENTER REMARKS EXPLAINING ANY SPECIAL CIRCUMSTANCES:

Employee Signature:	*Approval:*