## **Community Living Network**



Pay periods are the 1st-15th and the 16th-end of month. Timesheets are due by the 3rd (period of 16-31st) and 18th (period of 1st-15th) of each month. Paydays are the 15th and 30th of each month. Bank's Stop Check fee is \$30 (paid by employee). Timesheets need to be signed by both the Employee and Employer after each pay period. You are required to stay within the allowed budgeted hours for the Employer, otherwise those hours won't be paid by CLN.

l Assistant:	Last four SS#:						
ne Number:	CMH Agency:						
	CLS HOURS ONLY			RESPITE HOURS ONLY			
Date (mm/dd/yy)	Time IN (hh:mm A/P)	Time OUT (hh:mm A/P)	Total Time (hh:mm)	Date (mm/dd/yy)	Time IN (hh:mm A/P)	Time OUT (hh:mm A/P)	Total Time (hh:mm)
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	Total Hours Worked					Total Hours Worked	
ate		Training Class Name				Time OUT	Total
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*M	ust include co	onfirmation o	f passing the t	raining to be pa	aid*	Total Hours	
ignatures Re Employer/F	quired Representativ	e of Record:					
	Person	al Assistant:				Date	

Fax: 734-482-3894

Email: Timesheets@communityalliance.com