

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. 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. **Any timesheet submitted after 30 days from the date of service will not be paid by CLN, due to our CMH billing submission requirements.**

Employer (Client):	CASE #	
Phone Number:		
Personal Assistant:	EMPLOYEE ID #	
Phone Number:	CMH Agency:	Livingston

CLS HOURS ONLY (H2015 or T2027)					RESPITE HOURS ONLY				
Service Code	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)	
	/ /	:	:	:	/ /	:	:	:	
	/ /	:	:	:	/ /	:	:	:	
	/ /	:	:	:	/ /	:	:	:	
H	/ /	:	:	:	/ /	:	:	:	
2	/ /	:	:	:	/ /	:	:	:	
0	/ /	:	:	:	/ /	:	:	:	
1	/ /	:	:	:	/ /	:	:	:	
5	/ /	:	:	:	/ /	:	:	:	
	/ /	:	:	:	/ /	:	:	:	
r	/ /	:	:	:	/ /	:	:	:	
	/ /	:	:	:	/ /	:	:	:	
T	/ /	:	:	:	/ /	:	:	:	
2	/ /	:	:	:	/ /	:	:	:	
0	/ /	:	:	:	/ /	:	:	:	
2	/ /	:	:	:	/ /	:	:	:	
7	/ /	:	:	:	/ /	:	:	:	
	/ /	:	:	:	/ /	:	:	:	
				Total Hours Worked					Total Hours Worked

H
2
0
1
5

r

T
2
0
2
7

R
e
s
p
i
t
e

T
r
a
i
n
i
n
g

T
r
a
i
n
i
n
g

Date	Training Class Name	Time IN	Time OUT	Total
/ /		:	:	:
/ /		:	:	:
/ /		:	:	:
Must include confirmation of passing the training to be paid				Total Hours

Signatures Required

Employer/Representative of Record: _____ Date _____

Personal Assistant: _____ Date _____

CLN Administration:

CLN _____ Res _____ Training _____ CLN Hldy _____ Res Hldy _____