**YMS MANAGEMENT ASSOCIATES, INC.**
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# COMMUNITY BASED ORGANIZATION
# BI-WEEKLY TIME SHEET

**CBO Name** _____ **DYCD ID:** _____

**Employee Name** _____ **Title Code** _____

**Pay Period From** _____ **To** _____

**Title:** _____

| DAY | TIME-IN | TIME-OUT | NET HOURS |
|---|---|---|---|
| SUNDAY | | | |
| MONDAY | | | |
| TUESDAY | | | |
| WEDNESDAY | | | |
| THURSDAY | | | |
| FRIDAY | | | |
| SATURDAY | | | |
| | | **TOTAL** | |

| DAY | TIME-IN | TIME-OUT | NET HOURS |
|---|---|---|---|
| SUNDAY | | | |
| MONDAY | | | |
| TUESDAY | | | |
| WEDNESDAY | | | |
| THURSDAY | | | |
| FRIDAY | | | |
| SATURDAY | | | |
| | | **TOTAL** | |

All information must be completed in order to expedite the preparation of the payroll check.

We certify that the entries recorded on this sheet are correct and that total hours worked, comp. time and other accruals are in accordance with provisions as established in the procedure manual.

Note: Net hours worked represent Total hours worked excluding lunch and dinner time.

**SUMMARY OF HOURS**

| | |
|---|---|
| NET REGULAR HOURS | |
| ANNUAL USED | |
| SICK USED | |
| COMP. TIME USED | |
| HOLIDAY (PAID) | |
| OTHER | |
| TOTAL HOURS TO PAY | |
| COMP. TIME EARNED | |

**Allocation DYCD ID:** _____ **Hours to Pay:** _____ Hours

**Allocation DYCD ID:** _____ **Hours to Pay:** _____ Hours

**Allocation DYCD ID:** _____ **Hours to Pay:** _____ Hours

**Allocation DYCD ID:** _____ **Hours to Pay:** _____ Hours

_____ _____

**Employee's Signature** **Date**

_____ _____

**Director's Signature** **Date**