



Employee Timesheet



Phone: (989) 832-5400
 Fax: (989) 832-5404
 Payroll@StuartWilsonFL.com

Payroll Period: Sunday ____/____/____ to Saturday ____/____/____

TIMESHEETS MUST BE SUBMITTED WITHIN 7 DAYS OF DATE OF SERVICE IN ORDER TO BE REIMBURSED FOR PAYMENT

Employee Name: _____ Phone #: (____) _____ Email: _____

Worked for (Employer): _____ Case Manager: _____

*Please use blue or black ink only

Tasks (check if performed) THIS PART MUST BE FILLED OUT!

Day	Date	Time In Circle A (am) or P (pm)	Time Out Circle A (am) or P (pm)	Total	Service Code*	Meal Prep	Laundry	Household Care	Eating	Bathing	Dressing	Personal Hygiene	Med Admin	Money Mgt	Non-Med Care	Community Activity	Relationship Building	Service Notes:		
					CLS=H2015 Respite=T1005 Home Help-S5120															
		A / P	A / P																	
		A / P	A / P																	
		A / P	A / P																	
		A / P	A / P																	
		A / P	A / P																	
		A / P	A / P																	
		A / P	A / P																	
		A / P	A / P																	
		A / P	A / P																	
		A / P	A / P																	

*If the day is a holiday, please indicate on the "Day" line "HOLIDAY" to receive holiday pay if applicable

Paid hours **NOT** with Employer (Such as Training)

Day	Date	Time In	Time Out	Total Hours	Task

Additional Comments:

Total Hours for Week: _____

I certify that I worked the hours shown on this sheet on the days indicated and that this timesheet has been authorized by the person I work for or their representative. **NO PHOTOCOPIED SIGNATURES WILL BE ACCEPTED.**

Employee signature: _____

Employer signature: _____ Phone #: (____) _____

And/or

Representative signature: _____ Phone #: (____) _____