Employee Timesheet

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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* CLS=H2015 Respite=T1005	Meal Prep	Laundry	Household Care	Eating	Bathing	Dressing	Personal Hygiene	Med Admin	Money Mgt	Non-Med Care	Community Activity	Relationship Building	Service Notes:
		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

Total Hours for Week: _____

Additional Comments:

*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

Employee signature: _____   Employer signature: _____ Phone #: (___) _____

And

Case Manager signature: _____ Phone #: (___) _____