



Employee Time Sheet

Client Name:

ID#

Care Provider Name:

ID#

	MM/DD/YY	TIME IN	TIME OUT	LESS MEAL TIME	REGULAR HOURS	TOTAL HOURS WORKED
SUNDAY				hr(s)		
MONDAY				hr(s)		
TUESDAY				hr(s)		
WEDNESDAY				hr(s)		
THURSDAY				hr(s)		
FRIDAY				hr(s)		
SATURDAY				hr(s)		
TOTAL HOURS PER WEEK:						
(When filling out form in Adobe Reader, the total hours worked will automatically calculate for you)						

Client

Signature _____ Date: _____

Care Provider

Signature: _____ Date: _____

Authorized

Signature: _____ **Date:** _____