

All Heart Senior Care

Weekly time record

Employee: _____



DAY	Date	In	Out	total	Client / Comments	
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Total hours						
Mileage						
Total pay						

DAY	Date	In	Out	total	Client / Comments	
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Total hours						
Mileage						
Total pay						

Comments: _____

Employee signature

Date

Time Sheet must be completed and signed by employee.

I understand that this form is considered a legal document and that by signing I am stating the information provided represents an accurate account of my time on duty: i.e., time of arrival and time of departure. Any misrepresentation on this documentation will be considered a willful falsification and grounds for immediate termination of my services. PAYMENTS WILL ONLY BE ISSUED BASED ON THE HOURS RECORDED.