IsentCare
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EMPLOYEE TIME SHEET

Employee Name:_____

Client Name:_____

Street Address:_____City:_____State:_____Zip:_____

TOTAL HOURS TO THE NEAREST 1/4 HOUR - MINIMUM ASSIGNMENT 4 HOURS

DAY	DATE	TIME IN	LESS MEALS	TIME OUT	SUPERVISOR INITIAL	TOTAL HOURS
SUN						
MON						
TUES						
WED						
THUR						
FRI						
SAT						

Week ending date:_____

Facility Approval

_____
AUTHORIZED CLIENT SIGNATURE

_____
FACILITY NAME

I, the undersigned certify that this is an accurate record of my working time during this week and these hours were properly verified by the client or an authorized representative. I certify that no injury was incurred by me during this assignment.

_____
SIGNATURE (TEMPORARY STAFF)
Timesheet must be received by Monday