



Carelink

TIME SHEET

EMPLOYEE NAME:	MONTH:
EMPLOYEE NUMBER:	TITLE:

DAY	DATE	START TIME	END TIME	TOTAL HOURS	CLIENT SIGNATURE
Sunday					
Monday					
Tuesday					
Wednesday					



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DAY	DATE	START TIME	END TIME	TOTAL HOURS	CLIENT SIGNATURE
Thursday					
Friday					
Saturday					
WEEKLY TOTAL					

By signing below, you are acknowledging that the information above is true and correct.

EMPLOYEE SIGNATURE:	DATE:
SUPERVISOR SIGNATURE:	DATE:

***Please use a separate Timesheet for each Client.**
****Make sure each Timesheet is completed and returned to the office by noon the following Monday.**
Failure to turn in your Timesheet by the specified time may result in a delay of your paycheck.