Worker Timesheet



TIMESHEET DUE
MONDAY AT NOON

- If submitted late or not in current pay period, timesheet will be paid out next pay cycle.
- Inaccurate or incomplete timesheets will be returned may result in delay of payment.

	AT NOON -	Copy of submitt	ed timesheet should		_	erm care epresentative.	C+-	aff Codes	
Pay Period Dates: Worker Name (Print Full Name):			/ / to/			/	S - Sta	S - Staffing R - Respite	
							H - Ho	omemaker ore	
Participant	: Name (Print Fu	ull Name):						aining (PSR)	
Revised Tir	nesheet (Check	if Applies):							
WEEK 1			SHIFT 1 AM or PM		SHIFT 2 AM or PM		Staff Code	Total	
DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	# of HOURS	R, H, C, or T # of HOURS	Per Day # of HOURS	
Example	1/1/2019	11:30 AM	12:30 PM	1:00 PM	4:00 PM	1	3 (R)	4	
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
	OVERTIME N	/UST BE PRE-APPI	ROVED BY LEAD AGE	ENCY (more than 40 i	hours per week)	TOTAL HOUR	RS PER WEEK		
WEEK 2		SHIFT 1 AM or PM		SHIFT 2 AM or PM		Staff Code S	Staff Code R, H, C, or T	Total Per Day	
DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	# of HOURS	# of HOURS	# of HOURS	
Sunday									
Monday									
Гuesday									
Wednesday									
Thursday									
Friday									
Saturday									
		MUST BE PRE-APPI	ROVED BY LEAD AGE	ENCY (more than 40	hours per week)	TOTAL HOUR	RS PER WEEK		
,	OVERTIME N								
·	OVERTIME N								
,	OVERTIME N								
			nina below. vou ceri	tifv that this timesh	eet verifies the a	TOTAL HOURS I		ırate recoi	
cknowledge cludes all tir	ment & Require ne actually work	d Approval : By sig red by the Worker	ning below, you cert during this time peri approved by the Rep	iod, and that hours	were not worked	bove hours are a	a true and accu	hospital or	
cknowledge acludes all tir are facility. <i>A</i>	ment & Require me actually work NI hours were pro	d Approval : By sig red by the Worker	during this time peri	iod, and that hours resentative and I ag	were not worked gree to maintain	bove hours are of the partic a copy of this tir	n true and accu cipant was in a nesheet for my	hospital or records.	
cknowledge acludes all tir are facility. A Worker Sig	ment & Require me actually work All hours were pro	d Approval : By sig red by the Worker e-authorized and c	during this time peri	resentative and I ag	were not worked gree to maintain ntative Signatu	bove hours are of the partic a copy of this tire	a true and accu cipant was in a nesheet for my	hospital of records. ate Signe	