



9531 West 78th Street, Suite 230, Eden Prairie, MN 55344
TEL: (952) 854-6104 FAX: (952) 540-4672

EMPLOYEE WEEKLY TIME SHEET

Employee Name: _____ Client Name: _____

DAY	DATE WORKED	TIME IN	TIME OUT	# OF HOURS	CLIENT SIGNATURE
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Total Hours					

Employee Agreement: I certify that I have worked the hours listed on this time sheet. I understand that my paycheck will be delayed if this time sheet and/or paperwork are incomplete.

_____, 20____
Employee Signature **Date**

Client's signature certifies that the hours of service noted above have been received. Overtime & overlapping shifts **must** be pre-approved.

Timesheets are due before 4PM EVERY MONDAY

HomeCare Resource, LLC.



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