

ELDERCARE SOLUTIONS, INC.

BI-WEEKLY TIME SHEET

EMPLOYEE # (Found on Pay Stub) _____

Check here if this is an address and/or name change

Employee Name: _____ Last 4 Digits of Social Security No. _____

Trust Name: _____ Daily/Hourly Wage: _____

Home Address: _____ Home Phone No.: _____

City, State, ZIP: _____ Cell Phone No.: _____

Day	Date	Start	Meal Period Start/Stop	Stop	Actual hours worked (to be paid)							Mileage Reimb. Miles only	Misc. Reimb. \$ amount
					Regular Hours	Overtime Hours	Sleep Hours	Meal Hours	Sick Leave	Vacation Leave	Day Rate		
WED													
THU													
FRI													
SAT													
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													
SUN													
MON													
TUE													
Enter total ACTUAL Hours worked: Please record hours only, NOT \$ amount to be paid.												# of Miles Only	\$ Amount
* Reimbursement Section ▶													\$

TIMESHEET ACKNOWLEDGEMENT

I certify that the time and hours recorded on this time report accurately and fully reflect all time I have worked during the covered pay period.

I certify I took a 30-minute meal period whenever I worked over 5 hours in a workday unless otherwise indicated on this timesheet or unless I chose to waive my meal period and I worked less than 6 hours that day. I also certify I was authorized and permitted to take a 10-minute rest period for each 4 hour work period or major fraction of four hours unless otherwise indicated on this timesheet. I understand I can voluntarily enter into a mutual agreement with my supervisor to waive my meal period if I work no more than 6 hours in a day. I further certify I received a second 30-minute meal period whenever I worked over 10 hours in a workday. I understand I can voluntarily enter into a mutual agreement with my supervisor to waive this second meal period if I work no more than 12 hours in a day and do not waive my first meal period.

I have been given the opportunity to correct any inaccuracies in this timesheet. I understand that any falsification of time records may lead to disciplinary action, up to and including termination. I understand that if I am asked or pressured to sign an inaccurate time record, I am required to report this to Human Resources.

Employee's Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____

Employee Overtime/Holiday Pay approved Yes No Administrator's Phone Number () _____

PLEASE SEND IN YOUR TIME SHEETS to your ADMINISTRATOR as soon as possible to avoid delays in receiving your paycheck.
QUESTIONS? Dial our employee hotline number 1-888-465-4502