

ELDERCARE SOLUTIONS, INC.

MONTHLY 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		
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
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23													
24													
25													
26													
27													
28													
29													
30													
31													
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