

ELDERCARE SOLUTIONS, INC.

WEEKLY TIME SHEET

EMPLOYEE # (Found on Pay Stub) 65432

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

Employee Name: John Doe

Last 4 Digits Social Security No.: 6789

Trust Name: Summer Trust

Daily/Hourly Wage: \$9.00 Hourly

Employee Address: 1234 Park Lane

Home Phone No.: (555) 987-6543

City, State, ZIP: Sunny, CA 92222

Cell Phone No.: (567) 123-4567

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		
FRI	###	8:00a	12:00/12:30 5:00p/5:30p	9:00p	12.0			0					Coffee for office \$7
SAT	###	7:00a	12:00/12.30	3:30p	8.0			0				Off site meeting 8 miles	
SUN	###				0.0								
MON	###	8:00a	12:00/1:00 5:00p/6:00p 1000p/11:00p	8:00a	12.0		9.0	3.0					
TUE	###	8:00a	12:00/1:00	6:15p	8.0	1.25		1.0					
WED	###	8:00a		12:00p	4.0			0	4				
THU	###	8:00a	12:00/1:00 5:00p/6:00 10:00/11:00	8:00a	12.0		9.0	3.0					
Enter total ACTUAL Hours worked: Please record hours only, NOT \$ amount to be paid.					56.0	1.25	18.0	7	4			# of Miles Only	\$ Amount
* Reimbursement Section ▶												8	\$ 7.00

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