Everest
Home Health Care

Our Priority is your Comfort and Satisfaction

TIME SHEET

EMPLOYEE NAME (Please Print Clearly)

Day	Date	Start	Finish	No. of Hrs	Client Name	Floor/ Wing	Client Charge Nurse / Team Leader	
							Print Name	Signature
Example	April 20, 2009	7:00 a.m.	3:00 p.m.	7.5	Facility Name	1st	Jane Francis	*J. Francis*
Thursday								
Friday								
Saturday								
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Monday								
Tuesday								
Wednesday								
			TOTAL HOURS					

****Every Thursday contact us via telephone or email with your availability for the following week.**

Instructions

- Print clearly
- Complete this time sheet for every shift worked
- Every shift MUST be signed by a Registered Nurse / Team Leader or Client BEFORE you leave the facility
- Take your breaks!
- Fax time sheets in the Thursday after every pay period ends
- **Keep a copy for your records**

Scheduled Hours	Time Paid
12 Hour Shift	11.25 Hours
8 Hour Shift	7.5 Hours
6 Hour Shift	5.5 Hours
5 Hour Shift	4.75 Hours
4 Hour Shift	4 Hours

Revised April 2009