

# CARE STAFF

3744 Willow Ridge Road, Lexington, KY 40514



**INSTRUCTIONS:**

1. Use a separate time sheet for each assignment and for each week's work.
2. Leave pink copy with client.
3. Deliver white copy to our office at the end of your work week no later than Monday morning.
4. If you have questions please call our office at 859-554-5069.

COMPANY NAME (PLEASE PRINT)						
ADDRESS			CITY		ZIP	
REPORT TO		DEPT.		JOB TITLE		WEEK ENDING
<p>I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the company named above.                  I certify that if I had a work related injury during this pay period that I reported the injury in accordance with CARE STAFF Policy.</p>						
EMPLOYEE NAME (PLEASE PRINT)						
EMPLOYEE SIGNATURE						
X						
<p><b>EMPLOYEE NOTE:</b> All unsigned time sheets will be returned to employee without a check.                  Any alterations will void this time sheet. A new time sheet is needed if you make an error.</p>						
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH	REGULAR HOURS	SUPERVISOR SIGNATURE
SUN						
MON						
TUE						
WED						
THU						
FRI						
SAT						
(HOURS TO NEAREST 1/4 HOUR)				REGULAR		OVERTIME
<b>CLIENT NOTE</b> →		PLEASE WRITE TOTAL HOURS WORKED IN SPACES HERE			TOTAL HOURS	
					TOTAL HOURS	
<p><b>MINIMUM: 4 HOURS PER EMPLOYEE PER DAY</b>                  IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the agreed TERMS and CONDITIONS.</p>						
CLIENT SIGNATURE OF ACCEPTANCE				PRINT NAME		
X AUTHORIZED SIGNATURE				PLEASE PRINT NAME HERE		
TITLE				PHONE NO.		EXT.
<h2 style="margin: 0;">FAX # (859) 327-3982</h2>						