ALL SUFFICIENT
HOME CARE SERVICES INC.
"Caring Culture... Excellent Care"

Weekly Timesheet

FAX: (708) 613-5394

Email: timesheets@allsufficienthomecare.com

Timesheets MUST be faxed or emailed to the office no later than 10:00am E.S.T. Monday Morning

Employee Name:_____ Facility Name:_____ Facility Location:_____

	Date	Time In		Break	Time Out		Hours Worked
	MM/DD/YY	HH:MM CIRCLE AM/PM		Minutes	HH:MM CIRCLE AM/PM		HH:MM
Sunday			AM PM			AM PM	
Monday			AM PM			AM PM	
Tuesday			AM PM			AM PM	
Wednesday			AM PM			AM PM	
Thursday			AM PM			AM PM	
Friday			AM PM			AM PM	
Saturday			AM PM			AM PM	
						Total Regular Hours	
All overtime must be approved		Total Overtime Hours					

By signing this timesheet, I certify under Penalty of Perjury that I have carefully reviewed this timesheet and that the hours reported on this timesheet, including all start and stop times, are accurate. I was allowed an uninterrupted meal period that was at least 30 minutes in duration. I have not reported more or less time than I actually worked. I declare that I have sustained to injury while on the assignment. I will not sign this timesheet if it is not accurate and will report any inaccuracies to the All Sufficient Home Care Payroll Department office at (708) 613-5393 immediately.

_____ _____/_____/_____ _____ _____ _____/_____/_____

Employee Signature **Date** **Supervisor Name (print)** **Supervisor Signature** **Date**