



## WEEKLY TIMESHEET

<b>NAME OF GROUP HOME:</b>	<b>WEEK BEGINNING:</b> ____/____/____
<b>EMPLOYEE FIRST NAME:</b>	<b>LAST NAME:</b>

DAY	DATE	TIME IN	TIME OUT	MISSED BREAK	REASON FOR MISSED BREAK	HOUSE MANAGER/AVS STAFF SIGNATURE AND TITLE*
SUNDAY				<input type="radio"/> YES <input type="radio"/> NO		
MONDAY				<input type="radio"/> YES <input type="radio"/> NO		
TUESDAY				<input type="radio"/> YES <input type="radio"/> NO		
WEDNESDAY				<input type="radio"/> YES <input type="radio"/> NO		
THURSDAY				<input type="radio"/> YES <input type="radio"/> NO		
FRIDAY				<input type="radio"/> YES <input type="radio"/> NO		
SATURDAY				<input type="radio"/> YES <input type="radio"/> NO		

1. PLEASE MAKE SURE YOUR HOUSE MANAGER OR AVS STAFF MEMBER SIGNS YOUR TIMESHEET AT THE END OF EVERY SHIFT.
2. BEFORE SUBMITTING YOUR TIMESHEET PLEASE MAKE SURE YOU AND THE HOUSE MANAGER/STAFF MEMBER HAVE SIGNED THE TIMESHEET
3. MAKE SURE THE FOLLOWING IS FILLED OUT: GROUP HOME NAME, WEEK BEGINNING AND EMPLOYEE NAME
4. ALL TIMESHEETS MUST BE SUBMITTED BY 9AM ON MONDAY BY EMAIL TO TIMESHEETS@FSNURSING.COM
5. IF YOU WORK OVER 4 HOURS YOU ARE REQUIRED TO TAKE A 30 MIN BREAK

**I CERTIFY THAT I HAVE WORKED THE HOURS RECORDED ON THIS TIMECARD AND THAT THEY WERE PROPERLY VERIFIED BY THE CLIENT OR BY AN AUTHORIZED REPRESENTATIVE OF THE CLIENT.**

<b>EMPLOYEE SIGNATURE:</b>	<b>DATE:</b>
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**\*BY SIGNING ABOVE, CLIENT CERTIFIES THAT THE TOTAL HOURS REFLECTED ON THIS TIMECARD ARE ACCURATE AND THAT THE WORK WAS PERFORMED SATISFACTORILY.**