

WAIVER STAFF TIME SHEET

Employee Name: _____

2 week pay period: From _____ to: _____

EMPLOYEE - PLEASE DO NOT FILL OUT ANYTHING IN SHADED AREA

Day	Date	Client	STANDARD/HOURLY or COMPANION RATE					ADMINISTRATIVE - WEEKLY				ADMINISTRATIVE - PAY PERIOD					
			Time In	Time Out	Hours	Rate	Total	TOTAL HRS	OT	RATE	TOTAL \$\$	TOTAL HRS	OT	RATE	TOTAL \$\$		
MON																	
TUES																	
WED																	
THUR																	
FRI																	
SAT																	
SUN																	
WEEKLY TOTALS																	

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

CLIENT TOTALS	HOURS	RATE	TOTAL