

# CAREGIVER TIME SHEET

**2012 Payroll: # \_\_\_\_\_ Dates for Pay Period: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

**Client** \_\_\_\_\_

**Caregiver** \_\_\_\_\_

**Due Dates: Time sheets are due every other Saturday (last day of each pay period). Paychecks will be distributed the following Thursday. Submit time sheets by the due date. If your time sheets are late, you won't receive a paycheck until the following payroll.**

**Fax to 503-251-9854. Drop off at 4804 NE 106th Avenue, Portland, OR 97220-2503. If mailing, allow enough delivery time.**

1) Complete information above. 2) Write in dates and times worked. 3) Write in daily totals. 4) Write in total hours for pay period. 5) Sign time sheet.

Day of Week	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Date														
Time In														
Time Out														
Time In														
Time Out														
Daily Total														
For these shifts, only check box on start date.	<input type="checkbox"/> 12-hr <input type="checkbox"/> 24-hr	<input type="checkbox"/> 12-hr <input type="checkbox"/> 24-hr	<input type="checkbox"/> 12-hr <input type="checkbox"/> 24-hr	<input type="checkbox"/> 12-hr <input type="checkbox"/> 24-hr	<input type="checkbox"/> 12-hr <input type="checkbox"/> 24-hr	<input type="checkbox"/> 12-hr <input type="checkbox"/> 24-hr	<input type="checkbox"/> 12-hr <input type="checkbox"/> 24-hr	<input type="checkbox"/> 12-hr <input type="checkbox"/> 24-hr	<input type="checkbox"/> 12-hr <input type="checkbox"/> 24-hr	<input type="checkbox"/> 12-hr <input type="checkbox"/> 24-hr	<input type="checkbox"/> 12-hr <input type="checkbox"/> 24-hr	<input type="checkbox"/> 12-hr <input type="checkbox"/> 24-hr	<input type="checkbox"/> 12-hr <input type="checkbox"/> 24-hr	<input type="checkbox"/> 12-hr <input type="checkbox"/> 24-hr

For office use only:														Total	
Brief Weekday															
Brief Weekend															
Weekday															
Weekend															
12-hour															
24-hour															
Holiday															
Payroll Total															

**Total Hours for Pay Period:** \_\_\_\_\_

**Notes:**

**I certify that the information documented on this time sheet is true and accurate.**

**Caregiver Signature:** \_\_\_\_\_