Heartland Home Care Employee One-Day Time Sheet

_____ _____ _____

Employee Name Hours Worked Date

_____ _____ _____

Client Name Actual Arrival / Departure Time

_____

Brief Explanation

_____

Client (or representative) Signature

This form must be filled out, signed and returned to the office by 5:00 pm the Monday following the payroll period, so the hours can be included in that pay period.

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