TIME SHEET FOR SELF/FAMILY MANAGED CARE

Name of Employee _____
Address: _____
Postal Code _____ Phone:
_____
Please indicate any
changes:_____

DATE	SIGN IN TIME	SIGN OUT TIME	(DO NOT WRITE IN GRAY AREA)	
			HOURS WORKED	BUS TRIP
For the Pay Period from _____ to _____				

DO NOT WRITE IN GRAY AREA

DATE	SIGN IN TIME	SIGN OUT TIME	(DO NOT WRITE IN GRAY AREA)	
			HOURS WORKED	BUS TRIP
For the Pay Period from _____ to _____				
DO NOT WRITE IN GRAY AREA				

The Gray columns are for the Manager to calculate the totals.