



TIME SHEET

This timesheet must reach Offices by **12pm on 16th and 2nd of every Pay Period** without fail. All Timesheet should be emailed to: timesheet@alphacareinc.org

Staff Name: _____

Position/Job Role: _____ Work Week Duration _____

Day	Date	Time		No. of Hours	Break Start	Break End	Facility/ Home/Patient	Supervisor Signature and Name
		Start	Finish					
Week 1								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Week 2								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

"I declare that the hours reported on this timesheet are correct, have been worked and have not been claimed elsewhere. I understand that if I knowingly provide false information, this may result in disciplinary action, and I may be liable to prosecution and civil recovery proceedings".

PLEASE TAKE NOTICE: ANY TIMESHEET DAY COLUMN THAT IS NOT SIGNED BY THE FACILITY SUPERVISOR AT THE END OF EACH SHIFT, WILL NOT BE CONSIDERED AS TIME WORKED!.

Total Hours (Excluding Break Time): _____ Staff Signature: _____