**Distinctive Health Care Homecare Timesheet**

***Name*** ***FACILITY*** ***Month*** ***Year*** ***Position***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Start Time** | **Break Start** | **Break End** | **End time** | **PTO**  **Holiday**  **Other** | **Total Hours Worked** |  | **Date** | **Start Time** | **Break Start** | **Break End** | **End time** | **PTO HolidayOther** | **Total Hours Worked** |
| **1** |  |  |  |  |  |  |  | **16** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  | **17** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  | **18** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  | **19** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  | **20** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  | **21** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  | **22** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  | **23** |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  | **24** |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  | **25** |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  | **26** |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  | **27** |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  | **28** |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  | **29** |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |  | **30** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | **31** |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  | **Total** |  |  |  |  |  |  |

***NOTE: Falsification by the employee of any information reported on this time sheet may lead to disciplinary action up to and including termination.***

*INSTRUCTION FOR COMPLETING TIMESHEET*

* *Personally complete timesheet*
* *List arrival time and departure time*
* *When documenting paid time off (PTO), put the number of hours taken in PTO status (up to 8 hours per day in the "Paid Time Off" column*
* ***While employee will be paid for all time worked, no person shall be permitted to work overtime without prior authorization from the DHC.***
* *Attach a completed Time Off Request Report for any time away from work.*
* *Submit timesheet to immediate supervisor the day after a pay period ends.*
* *SupervNsors should review and sign timesheet and forward to Distinctive Home & Health Care by noon on the second business day after a pay period ends*

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*Employee Signature & Date Supervisor Signature & Date*