**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*