



PO Box 20033
 Corner Brook, NL A2H 7J5
 Phone: 632-5055
 Fax: 632-5066

**EMPLOYEE
 TIME SHEET**

Employee Name: _____ Ph: _____

Client Name: _____ Client Signature: _____

For the bi-weekly pay period beginning: _____ / _____ / _____ and ending _____ / _____ / _____
 month day year month day year

Important Notice: Paydays will be on the Thursday following the end of each pay period. Each employee must submit his/her timesheet by the Monday following the end of each pay period. Failure to do so could result in a two-week delay in the issuing of your pay cheque. Please record **only one client** per time sheet and only record the hours that you **ACTUALLY WORKED**. Please call the office to confirm we have received your timesheet.

WEEK ONE				WEEK TWO			
Day of Week	Date	Number of Hours	Office Use Only	Day of Week	Date	Number of Hours	Office Use Only
Sunday				Sunday			
Monday				Monday			
Tuesday				Tuesday			
Wednesday				Wednesday			
Thursday				Thursday			
Friday				Friday			
Saturday				Saturday			
Total Hours Wk 1 only				Total Hours Wk 2 only			

1. You will only be paid for hours that are verified by a signed time sheet. All hours must be shown in a clear readable manner.
2. If a client is admitted to the hospital, away on vacation or away from the home for an extended period you must report it to the office, this may affect the hours you need to work or the number of hours you will be paid for.
3. **Workplace confidentiality:** you have signed a legal confidentiality agreement with our agency. Please remember to keep all client information (name, medical/health status, shift details, family matters, etc.) confidential. Discussing your client outside of the worksite or Agency could result in legal action and/or disciplinary action including termination of employment.

Comments/Request: _____

I do hereby certify that the information and hours listed above are accurate to the best of my ability.

Employee's Signature: _____ Date: _____

ALL EMERGENCIES MUST BE REPORTED IMMEDIATELY