



## Weekly Time Sheet

Provider Name/ Category: \_\_\_\_\_

Week Of \_\_\_\_\_

Facility Name: \_\_\_\_\_

Instructions: Round time to the nearest quarter hour. If you work a shift that starts one day and ends the next day, record all time for that shift in the column of the day the shift begins. **Email your time sheet to [payroll@directcareshifts.com](mailto:payroll@directcareshifts.com) prior to Monday morning at 8:00am, failure to do so will result in delayed compensation.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date							
In Time							
Lunch							
Out Time							
<b>Total Hours Worked</b>							
Shift Approved by facility	_____	_____	_____	_____	_____	_____	_____
	Print Name	Print Name	Print Name	Print Name	Print Name	Print Name	Print Name
<b>Supervisor Must Sign First and Last Name</b>	X_____	X_____	X_____	X_____	X_____	X_____	X_____
	Signature	Signature	Signature	Signature	Signature	Signature	Signature

Provider Authorization: By my signature, I certify that the information and hours reported above are accurate and reflect my actual hours worked. I understand that incorrect information may result in an adjustment and that deliberate incorrect or misleading information will result in the inability to access future jobs. Further, I understand that if any of above information is missing from this timesheet, my timesheet will be considered incomplete and I will receive pay for the above reported hours on the following pay date.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date