|  |  |
| --- | --- |
| Families MatterS  51123 Washington Street  New Baltimore, MI 48047  Phone: (586)725-6026 | TIME SHEET |

[FMSPayroll@familiesmattersservices.com](mailto:FMSPayroll@familiesmattersservices.com)

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name: |  | Title: |  |
| Client Name: |  |  |  |
| Department: |  | Supervisor: | Leah Toth |

|  |  |  |  |
| --- | --- | --- | --- |
| Pay Period: | / / -- / / | Week # | ONE or TWO |
| Month/ Day/ Year Month/ Day/ Year | (Circle Week) | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Day | DateMonth/Day/Yr | Start Time (Include am/pm) | End Time (Include am/pm) | Regular Hrs. | TrainingHrs. | Overtime Hrs. |
| **SUNDAY** |  |  |  |  |  |  |
| **MONDAY** |  |  |  |  |  |  |
| **TUESDAY** |  |  |  |  |  |  |
| **WEDNESDAY** |  |  |  |  |  |  |
| **THURSDAY** |  |  |  |  |  |  |
| **FRIDAY** |  |  |  |  |  |  |
| **SATURDAY** |  |  |  |  |  |  |
|  |  |  | Weekly Totals |  |  |  |

I recognize the rights of the contracted service provider and by signing this timesheet I certify that the hours above are correct & that I have self-screened for all items on the staff screening checklist & notified my supervisor if I had any symptoms.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee signature:** |  | Date: |  |
| **Supervisor signature:** |  | Date: |  |

|  |
| --- |
| **Client/Guardian/Parent Signature:** Date: |

Time sheets are due in their original form every Monday by 10:00 am to Families MatterS. Failure to comply may result in a delay in payment. All necessary documentation is also due. The timesheet MUST correlate with required documentation for payment.