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| Families MatterS51123 Washington StreetNew Baltimore, MI 48047Phone: (586)725-6026  | TIME SHEET |

FMSPayroll@familiesmattersservices.com

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| --- | --- | --- | --- |
| 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.

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

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| **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.