

# WEEKLY TIMESHEET



TIMESHEETS MUST BE COMPLETED WEEKLY AND TURNED IN TO ALLCARE BY 9:00AM EVERY OTHER MONDAY.  
 DRIVE TIMES - ONLY BETWEEN JOB SITES does NOT INCLUDE TIME FROM HOME OR TO HOME FROM JOB SITE.

Date	Client	Time In	Time Out	TOTAL	Drive Time
SUN	<i>Week 1</i>				
MON					
TUE					
WED					
THU					
FRI					
SAT					
<b>TOTALS</b>					
				TIME WORKED	DRIVE TIME

I HEREBY CERTIFY THAT THE ABOVE TIMESHEET IS AN ACCURATE RECORD AND REPORT OF THE HOURS I HAVE WORKED

Signature

Date

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 DRIVE TIMES - ONLY BETWEEN JOB SITES does NOT INCLUDE TIME FROM HOME OR TO HOME FROM JOB SITE.

Date	Client	Time In	Time Out	TOTAL	Drive Time
SUN	Week 2				
MON					
TUE					
WED					
THU					
FRI					
SAT					
<b>TOTAL</b>					
				TIME WORKED	DRIVE TIME
<b>2 WEEK TOTALS</b>					

I HEREBY CERTIFY THAT THE ABOVE TIMESHEET IS AN ACCURATE RECORD AND REPORT OF THE HOURS I HAVE WORKED

Signature

Date