

# Employee Timesheet

Employee Name: \_\_\_\_\_

Employer/Veteran Name: \_\_\_\_\_

They may be hand delivered, texted (406-239-2591), emailed ([payroll@406llc.org](mailto:payroll@406llc.org)), or faxed (406-541-7725)

**\*Be advised the VA only allows 2 late timesheets, the 3<sup>rd</sup> late timesheet can result in termination\***

**Please indicate hours by utilizing quarter hour increments.**

Examples: 9am-1:15pm = 4.25 hrs. 10am-1:30pm = 3.50 hrs. 2pm-3:45pm = 1.75 hrs.

Always round to the nearest quarter hour. Use only: .25 = ¼ hour, .50 = 1/2 hour, .75 = ¾ hour.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date:						Dec 1	Dec 2
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date:	Dec 3	Dec 4	Dec 5	Dec 6	Dec 7	Dec 8	Dec 9
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date:	Dec 10	Dec 11	Dec 12	Dec 13	Dec 14	Dec 15	Dec 16
Time in:							Timesheets
Time out:							Due
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: \_\_\_\_\_

I affirm that the hours reported above are accurate and complete.

I further understand that misstatements on the timesheet may result in disciplinary action up to and including termination of employment.

EMPLOYEE  
SIGNATURE

DATE

VETERAN/EMPLOYER  
SIGNATURE

DATE

406 FINANCIAL OFFICE USE ONLY

Reviewed by: \_\_\_\_\_

Timesheet Total Hours: \_\_\_\_\_

**Timesheets are due by NOON on the day following the end of pay period**

<input type="checkbox"/> Dressing	<input type="checkbox"/> Eating	<input type="checkbox"/> Walking	<input type="checkbox"/> Toileting
<input type="checkbox"/> Grooming	<input type="checkbox"/> Bed mobility	<input type="checkbox"/> Behavior	<input type="checkbox"/> MDS (mental decision making skills)
<input type="checkbox"/> Bathing	<input type="checkbox"/> Transferring	<input type="checkbox"/> Communication	<input type="checkbox"/> Special Treatment (oxygen etc.)
<input type="checkbox"/> Supervision	<input type="checkbox"/> Transportation	<input type="checkbox"/> Medication reminder	<input type="checkbox"/> Housekeeping

**Please check all appropriate boxes for tasks completed during current pay period.**