

Employee Timesheet

Employee Name: _____

Employer/Veteran Name: _____

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

Be advised the VA only allows 2 late timesheets, the 3rd 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: | | Oct 16 | Oct 17 | Oct 18 | Oct 19 | Oct 20 | Oct 21 |
| Time in: | | | | | | | |
| Time out: | | | | | | | |
| Time in: | | | | | | | |
| Time out: | | | | | | | |
| Total Hours: | | | | | | | |

Weekly Total Hours: _____

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---------------------|--------|--------|---------|-----------|----------|--------|----------|
| Date: | Oct 22 | Oct 23 | Oct 24 | Oct 25 | Oct 26 | Oct 27 | Oct 28 |
| Time in: | | | | | | | |
| Time out: | | | | | | | |
| Time in: | | | | | | | |
| Time out: | | | | | | | |
| Total Hours: | | | | | | | |

Weekly Total Hours: _____

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---------------------|--------|--------|---------|-------------------|----------|--------|----------|
| Date: | Oct 29 | Oct 30 | Oct 31 | Nov 1 | | | |
| 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.