

# 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
<b>Date:</b>			July 16	July 17	July 18	July 19	July 20
<b>Time in:</b>							
<b>Time out:</b>							
<b>Time in:</b>							
<b>Time out:</b>							
<b>Total Hours:</b>							

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Date:</b>	July 21	July 22	July 23	July 24	July 25	July 26	July 27
<b>Time in:</b>							
<b>Time out:</b>							
<b>Time in:</b>							
<b>Time out:</b>							
<b>Total Hours:</b>							

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Date:</b>	July 28	July 29	July 30	July 31	<b>Aug 1</b>		
<b>Time in:</b>					<b>Timesheet</b>		
<b>Time out:</b>					<b>Due</b>		
<b>Time in:</b>							
<b>Time out:</b>							
<b>Total Hours:</b>							

**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.**