

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:	Sept 1	Sept 2	Sept 3	Sept 4	Sept 5	Sept 6	Sept 7
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date:	Sept 8	Sept 9	Sept 10	Sept 11	Sept 12	Sept 13	Sept 14
Time in:							
Time out:							
Time in:							
Time out:							
Total Hours:							

Weekly Total Hours: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date:	Sept 15	Sept 16					
Time in:		Timesheet					
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.