

Angel Care Home Companion Services, Inc.

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TIME SHEET

Employee Name: _____

Week Starting: _____ Week Ending: _____

Date	Client	Start Time	End Time	Regular Hrs.	Overtime Hrs.	Total Hrs.
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Weekly Totals						

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____