



STUART T. WILSON, OD PC
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Employee Timesheet

Payroll Period: Sunday _____ to Saturday _____

TIMESHEETS MUST BE SUBMITTED WITHIN 7 DAYS OF DATE OF SERVICE IN ORDER TO BE REIMBURSED FOR PAYMENT

Employee Name: _____ Phone #: () _____ Email: _____

Worked for (Employer): _____ Case Manager: _____

*Please use blue or black ink only

| | | | Tasks (check if performed) THIS PART MUST BE FILLED OUT! | | | | | | | | | | Service Code* | Time In | Time Out | Total | | Service Notes: | | | |
|-----|------|--|--|---------|----------------|--------|---------|----------|------------------|-----------|-----------|--------------|--------------------|-----------------------|----------|----------------------------|----------------------------|----------------------------|--|--|--|
| Day | Date | | Meal Prep | Laundry | Household Care | Eating | Bathing | Dressing | Personal Hygiene | Med Admin | Money Mgt | Non-Med Care | Community Activity | Relationship Building | | CL5-H2015 Respite-T1005 | Circle A (am) or P (pm) | Circle A (am) or P (pm) | | | |
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*If the day is a holiday, please indicate on the "Day" line "HOLIDAY" to receive holiday pay if applicable

Paid hours NOI with Employer (

| Day | Date | Time In | Time Out | Total Hours | Task |
|-----|------|---------|----------|-------------|------|
| | | | | | |
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Total Hours for Week: _____

Additional Comments:

*I certify that I worked the hours shown on this sheet on the days indicated and that this timesheet has been authorized by the person I work for or their representative

Employee signature: _____ Phone #: () _____

And/or Representative signature: _____ Phone #: () _____