

**Enchanted Hills  
Home Healthcare Agency, Inc.  
Employee Time Sheet**

Received	
Checked In	
Entered	
Payroll	

**Employee Name:** \_\_\_\_\_

**Week Ending Date:** \_\_\_\_\_

Day	Date	Time In	Time Out	Lunch Break	Total Hours
<b>Sunday</b>	___/___/___	___:___	___:___	___:___ to ___:___	
<b>Monday</b>	___/___/___	___:___	___:___	___:___ to ___:___	
<b>Tuesday</b>	___/___/___	___:___	___:___	___:___ to ___:___	
<b>Wednesday</b>	___/___/___	___:___	___:___	___:___ to ___:___	
<b>Thursday</b>	___/___/___	___:___	___:___	___:___ to ___:___	
<b>Friday</b>	___/___/___	___:___	___:___	___:___ to ___:___	
<b>Saturday</b>	___/___/___	___:___	___:___	___:___ to ___:___	
					Wkly Total

**REMINDER: Timesheets are due by Noon every Monday!!!**

**By signing this timesheet I certify that the hours worked are true and correct.**

\_\_\_\_\_  
**Employee's Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Client's Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Clients Name**