



Fax: (877) 867 - 9432 or (802) 318 - 4536

Email: payroll@tlcnursing.com

Text: (802) 343-6248

Weekly Timesheet

Employee Name: _____ Facility Name: _____ Facility Address: _____

	Date	Time In		Break	Time Out		Hours Worked		Round Trip Mileage	Overnight Stay and Location	Shift Supervisor Name	Shift Supervisor Signature
	mm/dd/yy	Hours	Minutes	Minutes	Hours	Minutes	Hours	Minutes			Full Name	Signature
Sample	01/01/16	7	30	30	3	30	7	30	0	Stayed at Hilton in Burlington	Jane Smith	<i>Jane Smith</i>
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
Total Hours												

By signing this timesheet I certify under Penalty of Perjury that I have carefully reviewed this timesheet and that the hours reported on this timesheet, including all start and stop times, are accurate. I was allowed an uninterrupted meal period that was at least 30 minutes in duration. I have not reported more or less time than I actually worked. I will not sign this time sheet if it is not accurate and will report any inaccuracies to Abi in the TLC office at (802) 735-1123 immediately.

Employee Signature

Date

Authorized Facility Signature

Date

Timesheet MUST be faxed to the office no later than 9:00a.m. Monday morning. Please fax the Timesheet to (877) 867-9432

Payroll will be delayed by two weeks if timesheet is received after the deadline. There will be a \$35 payroll processing fee for delayed timesheets

If I have been pressured, coerced, or directed by a supervisor, manager, or anyone else at the above facility to work through any meal period, inaccurately report any time or not report time that I have worked I understand that I must register a complaint to the TLC office at (802) 735-1123 or (603) 678-4950.