



ExpertCare Management Services, as your employer, is the only party that can authorize a change in your employee work schedule. Violation of this policy will result in disciplinary action up to or including termination.

Back Up Care Advantage Timesheet - TIME IN/TIME OUT

Week Ending _____ Client Name: _____ Caregiver Name: _____

Caregiver: Please fill in completely. Keep a copy for yourself. The ExpertCare copy of the time card must be received in our office by 8:00 a.m. on Monday, regardless of a holiday. Failure to turn in your timesheet by the deadline will result in delay of pay until the next pay date.

Employee Name:	Hours Worked	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Total Hours
	Date								
Companionship / Meals / Personal Care	Time In								
	Time Out								
	Total Hours								

Please indicate the hours worked under the type of Needs

I attest, under the penalty of perjury, I have worked the hours declared above and they are true, correct. Signatures are not to be copied from a previous timesheet and must be the original signatures. Clients, by signing this timesheet you attest that all information is accurate. No whiteout or pre-signed timesheets will be accepted.

Date	Note

Caregiver's Signature: _____

Last 4 digits of social security number: _____

Title: _____

X _____
Authorized Client Signature

Date: _____

Print Name of Authorized Signer