

# Employee Time Sheet

**NEW DAY HOME CARE, INC.**

P.O. BOX 1097  
 WINDSOR, CT 06095  
 TEL. 860-656-7732  
 FAX. 860-640-4836

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

Week Starting: \_\_\_\_/\_\_\_\_/\_\_\_\_ Week Ending: \_\_\_\_/\_\_\_\_/\_\_\_\_

Client's Initials:

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DATE	TIME IN	TIME OUT	LUNCH BREAK	TIME IN	TIME OUT	HOLIDAY	SICK	VACATION	TOTAL
SUN ____/____/____									
MON ____/____/____									
TUE ____/____/____									
WED ____/____/____									
THU ____/____/____									
FRI ____/____/____									
SAT ____/____/____									
<b>TOTAL HOURS</b>									

DATE	TIME IN	TIME OUT	LUNCH BREAK	TIME IN	TIME OUT	HOLIDAY	SICK	VACATION	TOTAL
SUN ____/____/____									
MON ____/____/____									
TUE ____/____/____									
WED ____/____/____									
THU ____/____/____									
FRI ____/____/____									
SAT ____/____/____									
<b>TOTAL HOURS</b>									

ABI/ADM ADMIN

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved By: Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_