

  
**BALLARD SENIOR  
HOME CARE**  
 LIVING MADE EASY

EMPLOYEE(S): \_\_\_\_\_

WEEK OF: \_\_\_\_\_

CLIENT: \_\_\_\_\_

	DATE	AM / PM TIME IN	AM / PM TIME OUT	TOTAL HOURS	MILEAGE	EMPLOYEE NAME
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						
<b>TOTAL</b>						

**TERMS & CONDITIONS:**

THE SIGNATURES BELOW OF THE EMPLOYEE AND CLIENT, OR THEIR AUTHORIZED AGENT, INDICATE AGREEMENT AS TO THE NUMBER OF HOURS WORKED FOR THE WEEK INDICATED. CLIENT OR AUTHORIZED AGENT UNDERSTANDS THAT INVOICES WILL BE GENERATED FROM THIS INFORMATION AND SENT OUT EVERY TWO WEEKS. INVOICES ARE DUE UPON RECEIPT. EMPLOYEES COMPLETE THIS TIME SHEET AND FORWARD, BY EMAIL (BALLARDSENIORHOMECARE@GMAIL.COM), OR MAIL, TO THE OFFICES OF: BALLARD SENIOR HOME CARE: PO BOX 1347 SNOWFLAKE, AZ 85937, BY 12:00 PM EACH PAY PERIOD.

CLIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_