

# BALLARD SENIOR HOME CARE

employee(s): \_\_\_\_\_

week of: \_\_\_\_\_

client: \_\_\_\_\_

<b>date</b>	<b>time in</b>	<b>time out</b>	<b>total hours</b>	<b>mileage</b>	<b>employee name</b>
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: 91 S Main Street Suite B Snowflake, Az 85937, by 5 pm each Monday.

client: \_\_\_\_\_ date: \_\_\_\_\_

employee: \_\_\_\_\_ date: \_\_\_\_\_