

**TRUE CARE PROFESSIONALS FLA LLC.**

- Tel 561-767-4355 / 561-880-0131 / Fax 877-883-4509 Email: truecare@tcpfla.com

Employee Name (Please Print): \_\_\_\_\_ Facility/ Authorized: \_\_\_\_\_

DAY	DATE	START TIME	END TIME	LUNCH	TOTAL HOURS (Less Lunch)	Task Description	Client Signature
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

<b>TOTAL WORKING HOURS</b>	
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I hereby certify that I worked the hours shown above at the facility name above. I understand if I alter and submit unsigned time sheet it will be returned to me without a paycheck.

\_\_\_\_\_ Date

True Care Professionals Employee's signature

**FACILITY APPROVAL**

I hereby certify that the above employee has worked the hours listed above and the work was performing to the satisfaction of the facility, norms and expectations.

\_\_\_\_\_ Date

Facility 's Name Authorized Signature