

**TRUE CARE PROFESSIONALS LLC.**

124 Walnut Hill Road, Derry NH, 03038 - Tel 603-537-9975 / 1800-398-7708 Fax 877-249-9194 Email: truecare@truecareprofessionals.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>	
----------------------------	--

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