



**TRUE CARE PROFESSIONALS INC.**

124 Walnut Hill Road, Derry NH, 03038 - Tel 603-537-9975 / 1800-398-7708 Fax 603-552-5328 or 877-249-9194 Email: truecare@truecareprofessionals.com

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

DAY	DATE	START TIME	END TIME	LUNCH	TOTAL HOURS (Less Lunch)
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 named above. I understand if I alter and submit unsigned time sheet it will be returned to me without a paycheck. I recognize the right of True Care Professionals Inc., as my employer and I agree not to be employed by the client named above for a period of 90 days following my termination..

\_\_\_\_\_ 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 perform to the satisfaction of the facility, norms and expectations.

\_\_\_\_\_ Date

Facility 's Name Authorized Signature