

Timesheet

Supplier: Reliable Care Services

Address: 7985 Stratford Circle N

Tele: (651)-261-9296

Employee Name: _____

Title: LPN

Facility _____ Employee Type _____

Days	Date	Start Time	Break Yes No	End Time	End Date	Hours Worked	Sent Home/n ot on Schedule	Nurse Signature	
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
	Total Hours work								

Employee Signature _____ Date _____

Covid Yes/No

The THP is an employee of the above Supplier. THP should call their Staffing Agency in the event of any issues.

NOTE, Timesheet is Due Every Sunday By Noon