

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