

**TIME SHEET (FOR LIVE-IN CAREGIVERS ONLY)**

**Name:** \_\_\_\_\_  
(Print)

**Pay Period From:** \_\_\_\_\_  
**And Ending:** \_\_\_\_\_

**Daily Rate:** \_\_\_\_\_

**Client's Name:** \_\_\_\_\_

Day Worked	Date Worked	Start Time	End Time	Total Pro-Rated Hrs/Days
Wed				
Thurs				
Fri				
Sat				
Sun				
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				
Mon				
Tues				

*Caregiver's Signature*  
\_\_\_\_\_

<p><i>Total Days (Live-in only):</i> _____</p> <p><i>Live-in Prorated Hours:</i> _____</p>
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**Instructions:**

- Use black/dark ink if faxing. **Print** clearly and complete fully.
- Indicate your first and last name and pay period.
- Complete one time sheet for each client visited. (Enter client's name on appropriate day of time sheet form).
- Fax to: **416-256-9802** or email: **info@laservices.ca** prior to due date.