



Fax: (877) 867 - 9432 or (802) 318 - 4536

Email: payroll@tlcnursing.com

Text: (802) 343-6248

Weekly Timesheet

Employee Name: _____ Facility Name: _____ Facility Address: _____

	Date	Time In		Break	Time Out		Hours Worked		Round Trip Mileage	Overnight Stay and Location
	(mm/dd/yyyy)	Hours	Minutes	Minutes	Hours	Minutes	Hours	Minutes		
Sample	01/01/16	7	30	30	3	30	7	30	0	Stayed at Hilton in Burlington
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Total Hours										

By signing this timesheet I certify under Penalty of Perjury that I have carefully reviewed this timesheet and that the hours reported on this timesheet, including all start and stop times, are accurate. I was allowed an uninterrupted meal period that was at least 30 minutes in duration. I have not reported more or less time than I actually worked. I will not sign this time sheet if it is not accurate and will report any inaccuracies to Abi in the TLC office at (802) 735-1123 immediately.

Employee Signature

Date

Authorized Facility Signature

Date

Timesheet MUST be faxed to the office no later than 9:00a.m. Monday morning. Please fax the Timesheet to (877) 867-9432

Payroll will be delayed by two weeks if timesheet is received after the deadline. There will be a \$35 payroll processing fee for delayed timesheets

If I have been pressured, coerced, or directed by a supervisor, manager, or anyone else at the above facility to work through any meal period, inaccurately report any time or not report time that I have worked I understand that I must register a complaint to the TLC office at **(802) 735-1123 or (603) 678-4950**.

You can now email us your time sheets by taking a picture. Please make sure your time sheets are signed by you and by the authorized person with the facility. Download CamScanner app and use it to save the pictures. You can then email your time sheet pictures through the app. <https://www.camscanner.com/user/download>