



# AWC - TIMESHEET

**WORKER NAME:** \_\_\_\_\_

**PAYROLL PERIOD**

**CLIENT NAME:** \_\_\_\_\_

\_\_\_\_\_ **to** \_\_\_\_\_

DATE:		IN			OUT			HOURS WORKED
		IN		OUT	IN		OUT	
Sun.	/ /		am pm		am pm		am pm	
Mon.	/ /		am pm		am pm		am pm	
Tues.	/ /		am pm		am pm		am pm	
Wed.	/ /		am pm		am pm		am pm	
Thurs.	/ /		am pm		am pm		am pm	
Fri.	/ /		am pm		am pm		am pm	
Sat.	/ /		am pm		am pm		am pm	
<b>TOTAL</b>								

**SERVICE NAME:**

(Please check)

\_\_\_\_\_ Respite

\_\_\_\_\_ Companion

\_\_\_\_\_ Habilitation

\_\_\_\_\_ Other:

DATE:		IN			OUT			HOURS WORKED
		IN		OUT	IN		OUT	
Sun.	/ /		am pm		am pm		am pm	
Mon.	/ /		am pm		am pm		am pm	
Tues.	/ /		am pm		am pm		am pm	
Wed.	/ /		am pm		am pm		am pm	
Thurs.	/ /		am pm		am pm		am pm	
Fri.	/ /		am pm		am pm		am pm	
Sat.	/ /		am pm		am pm		am pm	
<b>TOTAL</b>								

**Training:**

\_\_\_\_\_ On the Job

during service delivery  
checked above.

\_\_\_\_\_ Other:

Describe training

DATE:		IN			OUT			HOURS WORKED
		IN		OUT	IN		OUT	
Sun.	/ /		am pm		am pm		am pm	
Mon.	/ /		am pm		am pm		am pm	
Tues.	/ /		am pm		am pm		am pm	
Wed.	/ /		am pm		am pm		am pm	
Thurs.	/ /		am pm		am pm		am pm	
Fri.	/ /		am pm		am pm		am pm	
Sat.	/ /		am pm		am pm		am pm	
<b>TOTAL</b>								

**TOTAL RATE PER HOUR:**

\$ \_\_\_\_\_

I certify that all time recorded above is accurate & true.

**TOTAL**

\_\_\_\_\_  
WORKER'S SIGNATURE

\_\_\_\_\_  
DATE

GRAND TOTAL HOURS WORKED: \_\_\_\_\_

\_\_\_\_\_  
MANAGING EMPLOYER'S SIGNATURE

\_\_\_\_\_  
DATE

**AWC DESIGNEE REVIEWED:**