

Families Matters

TIME SHEET

51123 Washington Street
New Baltimore, MI 48047
Phone: (586)725-6026

FMSPayroll@familiesmattersservices.com

Employee Name: _____ Title: DCW

Client Name: _____

Department: _____ Supervisor: Jeslyn Bosca

Pay Period: / / -- / / Week # ONE or TWO
Month/ Day/ Year Month/ Day/ Year (Circle Week)

Day	Date Month/Day/Yr	Start Time (Include am/pm)	End Time (Include am/pm)	Regular Hrs.	Training Hrs.	Overtime Hrs.
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
Weekly Totals						

I recognize the rights of the contracted service provider and by signing this timesheet I certify that the hours above are correct & that I have self-screened for all items on the staff screening checklist & notified my supervisor if I had any symptoms.

Client/Guardian/Parent Signature: _____ Date: _____

Employee signature: _____ Date: _____

Supervisor signature: _____ Date: _____

Time sheets are due in their original form every Monday by 10:00 am to Families MatterS. Failure to comply may result in a delay in payment. All necessary documentation is also due. The timesheet MUST correlate with required documentation for payment.