

EMPLOYEE PRINT NAME _____

TOTAL TIMESHEET HOURS _____



Cherish LLC

2900 E Beltline Suite 8, Hibbing MN 55746

TIME SHEET

PHONE: (218) 263-9000 FAX: (218) 263-8336 EMAIL: bari@cherished1.co

Week One

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Weekly Hours
Date								
Time In								
Time Out								
Meal Break								
Time In								
Time Out								
Daily Total								

Week Two

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Weekly Hours
Date								
Time In								
Time Out								
Meal Break								
Time In								
Time Out								
Daily Total								

Employee Signature: _____

Supervisor Signature: _____

Employee Phone Number: _____

Signatures verify that the information entered above is accurate and were performed as specified in the consumer service plan and all duties were performed satisfactorily.

It is a Federal Crime to provide false information on billings for Medical Assistance payment. Cherished Home Management will investigate and report suspected fraud.