



NURSING & HOMEMAKERS INC.

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Dental Division

Time Sheet

IMPORTANT FOR EMPLOYEE: Write all information clearly to assure prompt processing of your pay. Use a separate time sheet for each week and for each client. This form is your responsibility. You cannot be paid without a Time Sheet, your signature and client.

Employee Name: _____

Category: _____

Available for Work Assignment Continuing Yes No Yes No

Day	Date (mm/dd/yr)	Time In	Time Out	Less Lunch Period	Total Hours	Regular Hours	O.T. Hours
Mon.							
Tue.							
Wed.							
Thur.							
Fri.							
Sat.							
Sun.							

Employee Number
| | | | | | |

Important for Client: Execution of this form by the client constitutes a certification that the TOTAL hours listed are corrected as stated that the work was performed in a satisfactory manner. PLEASE DO NOT ADVANCE MONIES TO EMPLOYEES. Minimum assignment

Employee certifies that this form is true and accurate and that no injuries were sustained during the assignment.

Employee Signature _____ Company _____ Dept. _____

Address _____

Description _____ Authorized Client Signature (Sign Only for Actual Time Worked) _____

Print Name and Title _____

