



NURSING & HOMEMAKERS INC.

2347 Kennedy Road, Suite 204, Toronto, ON M1T 3T8 • Tel: 416-754-0700 • Fax: 416-754-4014



Dental Division

Time Sheet

IMPORTANT FOR EMPLOYEE: The completion and submission of this form is your responsibility. Write all information clearly to assure prompt processing of your pay. Use a separate time sheet for each week and for each client. Your signature and the client's signature are required to process your payment. Time sheet(s) should be faxed to 416-754-4014 (or e-mailed to accountspayable@nhihealthcare.com) by Monday at 1400 hrs. (2:00 pm).

Employee Name: _____ <i>(Print Name)</i>		Category: _____			
Day	Date <small>(mm/dd/yy)</small>	Time		Less Lunch Period	Total Hours
		In	Out		
Mon.					
Tue.					
Wed.					
Thur.					
Fri.					
Sat.					
Sun.					
Employee: By signing, I certify the information provided on this <i>Time Sheet</i> to NHI Nursing & Homemakers Inc. is true, accurate and complete. Employee Signature _____				Important for Client: Execution of this form by the client constitutes a certification that the TOTAL hours listed are accurate. PLEASE DO NOT ADVANCE CASH TO EMPLOYEE.	
Company				Authorized Client Signature	
Address				Print Name and Title	



Website: <http://www.nhihealthcare.com>



Revised: Jun/2017