



EMAIL/TEXT:

NEW JERSEY: timesheets@fivestar.care

MARYLAND: mdtimesheets@fivestar.care

OHIO: ohtimesheets@fivestar.care

PENNSYLVANIA: patimesheets@fivestar.care

NO WHITE OUT

EMPLOYEE NAME: _____

JOB TITLE: _____

FACILITY/CLIENT NAME: _____

If any portion of the timesheet is missing or filled out unclear this may cause a delay in pay!

*****MUST PRINT*****

DAY	DATE	TIME IN	AM/PM	TIME OUT	AM/PM	FLOOR/UNIT	SUPERVISOR SIGNATURE	SUPERVISOR - PRINT NAME
SUNDAY			AM / PM		AM / PM			
			AM / PM		AM / PM			
MONDAY			AM / PM		AM / PM			
			AM / PM		AM / PM			
TUESDAY			AM / PM		AM / PM			
			AM / PM		AM / PM			
WEDNESDAY			AM / PM		AM / PM			
			AM / PM		AM / PM			
THURSDAY			AM / PM		AM / PM			
			AM / PM		AM / PM			
FRIDAY			AM / PM		AM / PM			
			AM / PM		AM / PM			
SATURDAY			AM / PM		AM / PM			
	TOTAL HOURS							

CANCELLATIONS: Date _____ The facility acknowledges that _____ was scheduled for todays _____ shift and will be billed for 4 hours for lack of timely notification.

Supervisor ONLY Signature _____

Supervisor Print Name _____

Important notice to employees: Timecards must include ALL of the information requested including supervisor's signature and client location for every shift worked in order for your time card to be processed. Time card must be submitted by the Monday following your work assignment. Please use a separate time sheet for each client. Once your time card has been completed, email or fax it to Five Star Care. Keep the original copy for your records. It is the employee's responsibility to make sure that Five Star Care has recieved your time card. Please use a separate time sheet for each week (Sun - Sat), and for each facility. Please email this form to the timesheets email for your state above

EMPLOYEE SIGNATURE

Employee signature confirms the truth and accuracy of this from and that no injuries were sustained during the assignment.