## **Employee Time Sheet Employee Time Sheet Employee Name Client Name RECORD OF CARE TIME** Time periods for each day run from 12:00 AM – 12:00 AM. If you work an overnight shift, make sure to divide your time between the two days. MON **YEAR: 2023 SUN TUES WED THUR** FRI **SAT** Date (MM/DD) AM ΑM Write time Time Start PM PΝ PM PM PM PM PM PM PM PΝ PM PM and circle either AM AM AM AM ΑN AM ΑN ΑM AM AM ΑN ΑN AM Time End or PM PΝ PΝ PM PM PM PM PM PΝ **Shift Total Time Daily Total Time RECORD OF CARES PERFORMED EACH SHIFT** Please write how many times each care was performed during each time period. **TOTAL WEEKLY HOURS REQUIRED SIGNATURES** We, the Client & Employee, verify this record is accurate & complete: **Employee Signature** Date Client Signature Date **OFFICE USE ONLY** Date Received: Date Paid: KPI, Inc. RN Supervisor Signature & Date