Time Sheet

Refer to pay date schedule for pay periods. All time sheet/vouchers due by 9am Monday

Employee Name (Check if New Employee or Address Change☐)

Employee Name– (as should appear on check)

Address

City State Zip

Daytime Phone Number

Employer Information:

Employer /Individual Receiving Service

Address

City State Zip

Daytime Phone Number

Service Date & Times				Number Hours/Days	Rate	Type of Service Provided				
Date	Start Time	Date	Stop Time			CLS	Respite	LPN/RN	Ratio	Training

Employee Signature

Send or Fax Completed form to:
The Arc of Oakland County
1641 W. Big Beaver Road
Troy, MI 48084
Fax 248.816.1906

Employer/Designee Signature*

*I assure that the employee meets the qualifications listed on the back of this form and that their certification in CPR, First Aid and Blood Borne Pathogens is current.