CARE ONE INC.

EMPLOYEE TIME SLIP

Send To:
Fax: 734-480-9060
Email:kathyw@careoneinc.com
teric@careoneinc.com

MDOC Facility

Employee Name (Print)

Position / Title

Two Week Pay Period

Date	Day	Start Time	End Time	Daily Meals		Total Time
Week 1	Sunday					
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
Week 2				Total Hours Week 1		
	Sunday					
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
Employee Siganture				Total Hours Week 2		
				Total Pay Peroid		

Your signature above indicates these hours are complete and reflect the hours actually worked.