



**CARE ONE INC.**  
**EMPLOYEE TIME SLIP**

Fax or Email to:

Fax: 734-480-9060

Email: [kathyw@careoneinc.com](mailto:kathyw@careoneinc.com)  
[teric@careoneinc.com](mailto:teric@careoneinc.com)

MDOC Facility

Employee Name (Print)

Position / Title

Two Week Pay Period

Facility Supervisor Signature

Date	Day	Start Time	End Time	Daily Meals		Total Time
				From	To	
Week 1	Sunday					
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
Week 2				Total Hours Week 1		
	Sunday					
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
Employee Signature				Total Hours Week 2		
				Total Pay Period		

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

Care One time Sheets are due by 5pm on Monday's following the end of the 2 week pay period

**PREFERRED: EMAIL TIME SHEETS TO BOTH [kathyw@careoneinc.com](mailto:kathyw@careoneinc.com) AND [teric@careoneinc.com](mailto:teric@careoneinc.com)**