



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

Fax or Email to:  
 Fax: 734-480-9060  
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Facility Name

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)**