

# New Care Associates

## *Weekly Employee Time Sheet*

**Employee Name: Isis Quimi**

**Client Name: Justin Tobar**

DAY	DATE of SERVICE	START TIME	END TIME	TOTAL HOURS
Monday	8/13	5:30	7:30	2
Tuesday				
Wednesday	8/15	5:30	7:30	2
Thursday	8/16	5:30	7:30	2
Friday	8/17	3	7	4
Saturday				
Sunday				

\_\_\_\_\_10\_\_\_\_\_  
***TOTAL NUMBER OF HOURS***

\_\_\_\_Isis Quimi\_\_\_\_\_  
***Employee Signature/ Hourly Rate***