Mary Velez

***Employee Signature/ Hourly Rate***

10

***TOTAL NUMBER OF HOURS***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DAY** | **DATE of SERVICE** | **START TIME** | **END TIME** | **TOTAL HOURS** |
| **Monday** | **07/23/18** | 4:00 | 7:30 | 3 ½ |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday** | **07/26/18** | 4:00 | 7:00 | 3 ½ |
| **Friday** | **07/27/18** | 4:00 | 7:30 | 3 |
| **Saturday** |  |  |  |  |
| **Sunday** |  |  |  |  |

**New Care Associates**

***Weekly Employee Time Sheet***

**Employee Name: Mary Velez**  **Client Name: Lara Emmanuelle Sanchez**