Mary Velez

***Employee Signature/ Hourly Rate***

18

***TOTAL NUMBER OF HOURS***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DAY** | **DATE of SERVICE** | **START TIME** | **END TIME** | **TOTAL HOURS** |
| **Monday** |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** | **08/01/18** | 9:00 | 3:00 | 6 |
| **Thursday** | **08/02/18** | 9:00 | 3:00 | 6 |
| **Friday** | **08/03/18** | 9:00 | 3:00 | 6 |
| **Saturday** |  |  |  |  |
| **Sunday** |  |  |  |  |

**New Care Associates**

***Weekly Employee Time Sheet***

**Employee Name: Mary Velez**  **Client Name: Summer Camp**