

- Mail Check
- Direct Deposit
- Hold in Office

Agape Health Consulting and Management Group, Inc

**STAFFING TIMESHEET**

Employee Name: \_\_\_\_\_

Pay Period Beginning: \_\_\_\_\_

Pay Period Ending: \_\_\_\_\_

Site/Recipient Name: \_\_\_\_\_

(PLEASE REMEMBER THIS IS A LEGAL DOCUMENT, DO NOT WRITE ANY ADDITIONAL NOTES ON THIS PAGE AND KEEP ALL DATES AND TIMES IN CHRONOLOGICAL ORDER)

Week 1

Day	Date	Time In	Lunch	Time Out	Total Hours	Start Mileage	End Mileage	Total Miles
Sun								
Mon								
Tues								
Wed								
Thu								
Fri								
Sat								
//	//	Week 1		Total		////////	////////	

Week 2

Please enter all information neatly and completely –Thank you.

Day	Date	Time In	Lunch	Time Out	Total Hours	Start Mileage	End Mileage	Total Miles
Sun								
Mon								
Tues								
Wed								
Thu								
Fri								
Sat								
//	//	Week 2		Total		////////	////////	

Total Hrs. Wks 1 & 2 \_\_\_\_\_

Total Mileage Wks 1 & 2 \_\_\_\_\_

Employee Signature \_\_\_\_\_

On-Site Management Signature \_\_\_\_\_

Dept. Manager Signature \_\_\_\_\_

It is the responsibility of the employee to submit the agency timesheets accurately, on time and with complete information. Failure to do so could result in timesheet not being processed for payment until which time the corrections are made and approved by the supervisor. Any corrections in pay could take up to 5 days. I recognize my contracted agreement with Agape Health Consulting and Management Group, Inc. and agree not seek or accept employment from Agape Health clients for a period of 240 days following the end of the contract without expressed written approval from the Administrator of Agape Health Consulting and Management.