

EMPLOYEE PRINT NAME \_\_\_\_\_

TOTAL TIMESHEET HOURS \_\_\_\_\_



**Cherish LLC**  
2506 E Beltline, Hibbing MN 55746

**TIME SHEET**

PHONE: (218) 263-9000 FAX: (218) 263-8336 EMAIL: becca@cherished1.co

**Week One**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Weekly Hours
Date								
Time In								
Time Out								
Meal Break								
Time In								
Time Out								
<b>Daily Total</b>								

**Week Two**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Weekly Hours
Date								
Time In								
Time Out								
Meal Break								
Time In								
Time Out								
<b>Daily Total</b>								

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

Supervisor Signature: \_\_\_\_\_

Employee Phone Number: \_\_\_\_\_

Signatures verify that the information entered above are accurate and were performed as specified in the consumer service plan and all duties were performed satisfactorily.  
**It is a Federal Crime to provide false information on billings for Medical Assistance payment. Cherished Home Management will investigate and report suspected fraud.**