

RIGHTWAY HOME CARE SERVICES, INC. INTAKE TIME CARD

YEAR: 2023

WK NO.

EMPLOYEE NAME: _____ WEEK OF: _____

| DATE | START | END | FULL CLIENT NAME | TOTAL HOURS | OVERTIME |
|-------|-------------|-------------|------------------|-------------|----------|
| _____ | _____ AM PM | _____ AM PM | _____ | _____ | _____ |
| _____ | _____ AM PM | _____ AM PM | _____ | _____ | _____ |
| _____ | _____ AM PM | _____ AM PM | _____ | _____ | _____ |
| _____ | _____ AM PM | _____ AM PM | _____ | _____ | _____ |
| _____ | _____ AM PM | _____ AM PM | _____ | _____ | _____ |
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| _____ | _____ AM PM | _____ AM PM | _____ | _____ | _____ |
| _____ | _____ AM PM | _____ AM PM | _____ | _____ | _____ |
| _____ | _____ AM PM | _____ AM PM | _____ | _____ | _____ |

WEEKLY
TOTAL

EMPLOYEE SIGNATURE

DATE

By signing this timesheet, I VERIFY THAT ALL INFORMATION ENTERED ON THIS TIMESHEET IS TRU AND CORRECT.
ANY FALSIFICATION OF THIS TIMECARD WILL RESULT IN IMMEDIATE TERMINATION

2023 Weekly Calendar

| WK # | Monday | Thru | Sunday | Paid On | WK # | Monday | Thru | Sunday | Paid On |
|------|--------|------|--------|---------------|------|--------|------|--------|---------------|
| | | | | <i>Friday</i> | | | | | <i>Friday</i> |
| 1 | Dec 12 | TO | Dec 18 | | 27 | Jun 12 | TO | Jun 18 | |
| 2 | Dec 19 | TO | Dec 25 | Jan 6 | 28 | Jun 19 | TO | Jun 25 | Jul 7 |
| 3 | Dec 26 | TO | Jan 1 | | 29 | Jun 26 | TO | Jul 2 | |
| 4 | Jan 2 | TO | Jan 8 | Jan 20 | 30 | Jul 3 | TO | Jul 9 | Jul 21 |
| 5 | Jan 9 | TO | Jan 15 | | 31 | Jul 10 | TO | Jul 16 | |
| 6 | Jan 16 | TO | Jan 22 | Feb 3 | 32 | Jul 17 | TO | Jul 23 | Aug 4 |
| 7 | Jan 23 | TO | Jan 29 | | 33 | Jul 24 | TO | Jul 30 | |
| 8 | Jan 30 | TO | Feb 5 | Feb 17 | 34 | Jul 31 | TO | Aug 6 | Aug 18 |
| 9 | Feb 6 | TO | Feb 12 | | 35 | Aug 7 | TO | Aug 13 | |
| 10 | Feb 13 | TO | Feb 19 | Mar 3 | 36 | Aug 14 | TO | Aug 20 | Sept 1 |
| 11 | Feb 20 | TO | Feb 26 | | 37 | Aug 21 | TO | Aug 27 | |
| 12 | Feb 27 | TO | Mar 5 | Mar 17 | 38 | Aug 28 | TO | Sep 3 | Sept 15 |
| 13 | Mar 6 | TO | Mar 12 | | 39 | Sep 4 | TO | Sep 10 | |
| 14 | Mar 13 | TO | Mar 19 | Mar 31 | 40 | Sep 11 | TO | Sep 17 | Sept 29 |
| 15 | Mar 20 | TO | Mar 26 | | 41 | Sep 18 | TO | Sep 24 | |
| 16 | Mar 27 | TO | Apr 2 | Apr 14 | 42 | Sep 25 | TO | Oct 1 | Oct 13 |
| 17 | Apr 3 | TO | Apr 9 | | 43 | Oct 2 | TO | Oct 8 | |
| 18 | Apr 10 | TO | Apr 16 | Apr 28 | 44 | Oct 9 | TO | Oct 15 | Oct 27 |
| 19 | Apr 17 | TO | Apr 23 | | 45 | Oct 16 | TO | Oct 22 | |
| 20 | Apr 24 | TO | Apr 30 | May 12 | 46 | Oct 23 | TO | Oct 29 | Nov 10 |
| 21 | May 1 | TO | May 7 | | 47 | Oct 30 | TO | Nov 5 | |
| 22 | May 8 | TO | May 14 | May 26 | 48 | Nov 6 | TO | Nov 12 | Nov 24 |
| 23 | May 15 | TO | May 21 | | 49 | Nov 13 | TO | Nov 19 | |
| 24 | May 22 | TO | May 28 | Jun 9 | 50 | Nov 20 | TO | Nov 26 | Dec 8 |
| 25 | May 29 | TO | Jun 4 | | 51 | Nov 27 | TO | Dec 3 | |
| 26 | Jun 5 | TO | Jun 11 | Jun 23 | 52 | Dec 4 | TO | Dec 10 | Dec 22 |

***TIME SHEETS ARE DUE MONDAY BY 4:30 P.M., PLEASE EITHER FAX 763-208-5725, EMAIL –RIGHTWAY@RHCSI.COM OR BRING IN YOUR TIME SHEETS TO THE OFFICE, IF FAXING OR EMAILING ORIGINAL TIME SHEETS MUST BE BROUGHT INTO THE OFFICE ON PAYDAY.**

***REPORT TO THE OFFICE ANY NEW CLIENT INFORMATION (i.e. client in hospital, rehab etc.) AND ALSO REPORT WHEN THE CLIENT COMES BACK HOME.**

***REPORT TO THE OFFICE ANY TIME YOU ARE NOT GOING TO BE AT WORK (i.e. sickness, vacation, any time off)**

COMMENTS: _____
