

# RIGHTWAY HOME CARE SERVICES, INC.

## NURSE WEEKLY 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	_____	_____	_____
_____	_____AM PM	_____AM PM	_____	_____	_____
_____	_____AM PM	_____AM PM	_____	_____	_____
_____	_____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

FOR OFFICE USE ONLY

PAID	BILLED
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

LEAD RN SIGN OFF:

## 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	Sept 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:** \_\_\_\_\_

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