

Client/Client Representative or Supervisor's Signature

2023

Week #: _____

SUPPORT STAFF TIMESHEET

ent Name:								
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Date	Day	Time In	Time Out	Time In	Time Out	Daytime hours worked	Overnight hours worked	Awake hours worked
	Monday	AM PM	AM PM	AM PM	AM PM			
	Tuesday	AM PM	AM PM	AM PM	AM PM			
	Wednesday	AM PM	AM PM	AM PM	AM PM			
	Thursday	AM PM	AM PM	AM PM	AM PM			
	Friday	AM PM	AM PM	AM PM	AM PM			
	Saturday	AM PM	AM PM	AM PM	AM PM			
	Sunday	AM PM	AM PM	AM PM	AM PM			
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	Monday	AM PM	AM PM	AM PM	AM PM			
	Tuesday	AM PM	AM PM	AM PM	AM PM			
	Wednesday	AM PM	AM PM	AM PM	AM PM			!
	Thursday	AM PM	AM PM	AM PM	AM PM			
	Friday	AM PM	AM PM	AM PM	AM PM			
	Saturday	AM PM	AM PM	AM PM	AM PM			
	Sunday	AM PM	AM PM	AM PM	AM PM			
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Date

2023 Weekly Calendar

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2 Dec 19					Friday					Friday
3	1	Dec 12	TO	Dec 18		27	Jun 12	TO	Jun 18	
4 Jan 2	2	Dec 19	TO	Dec 25	Jan 6	28	Jun 19	TO	Jun 25	Jul 7
4 Jan 2	2	Doc 26	TO	lan 1	٦	20	lun 26	то	lul 2	٦
5 Jan 9 TO Jan 15 31 Jul 10 TO Jul 23 Aug 4 7 Jan 23 TO Jan 29 33 Jul 17 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 36 Aug 14 TO Aug 20 Sept 1 11 Feb 20 TO Feb 26 37 Aug 21 TO Aug 20 Sept 1 12 Feb 27 TO Mar 5 Mar 17 38 Aug 21 TO Aug 20 Sept 15 13 Mar 6 TO Mar 19 Mar 31 Mar 31 TO Sep 4 TO Sep 10 Sept 15 15 Mar 20 TO Mar 26 41 Sep 11 TO Sep 17 Sept 29 15 Mar 20 TO Apr 2 Apr 14 Apr 28 <td></td> <td></td> <td></td> <td></td> <td>Jan 20</td> <td>1</td> <td></td> <td></td> <td></td> <td>Iul 21</td>					Jan 20	1				Iul 21
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^{*}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 TIME	E YOU ARE NOT GOING TO BE A	AT WORK (i.e. sickness, va	acation, any time off)
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COMMENTS:	

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