

Complete, sign and either scan or take a photograph and then e-mail a copy to: payroll@candthomecare.com						
Consumer Name:		Khatun, Sufia		QB ID	3014	
Consumer Address:		102-12 85TH ROAD, RICHMOND HILL, NY, 11418				
Personal Assistant Name:		Sultana, Priti		Payroll ID	W03372	
<p><small>* By my signature I attest that this timesheet accurately records MY NAME and the DATES AND HOURS I have worked for this consumer. My signature also attests that I have provided the necessary personal tasks agreed to by the consumer. I understand that failure to accurately complete the time sheet may be construed as fraudulent and may result in disciplinary action.</small></p> <p><small>** By my signature I attest that this timesheet accurately records my CURRENT RESIDENTIAL ADDRESS and the DATES AND HOURS that the below named Personal Assistant has worked for me. My signature also attests that I have been provided with the necessary personal tasks agreed to with the Personal Assistant. I understand that failure to accurately complete the time sheet may be construed as fraudulent and may result in disciplinary action.</small></p>						
<u>WRITE DATES WORKED</u> (MM/DD/YY) ↓		<u>DAILY HOURS</u> <u>APPROVED</u> ↓	<u>TIME IN</u> ↓	<u>TIME OUT</u> ↓	<u>PERSONAL ASSISTANT SIGNATURE(S)</u> <u>HERE</u> (sign for <u>each day</u> claimed) ↓	<u>CONSUMER SIGNATURE</u> <u>HERE</u> (sign for <u>each day</u> claimed) ↓
Mon.		6.0				
Tues.		6.0				
Wed.		6.0				
Thurs.		6.0				
Fri.		6.0				
Sat.		5.0				
Sun.		5.0				
Max. Weekly Hours***		40.0				

*** Max. Weekly Hours Worked Cannot Exceed Total Approved Hours Without Prior Authorization from MLTC ***
PLEASE RETURN TO THE ABOVE EMAIL ADDRESS NO LATER THAN 11.59PM on SUNDAY
Timesheets received will be processed in the following pay period.