



Home Health and  
Hospice Care Services, Inc.

## HOSPICE Office Staff Time Sheet For EXEMPT & NON-EXEMPT Personnel

Employee Name: \_\_\_\_\_  
Employee Title: \_\_\_\_\_

Pay Period  1st - 15th  16th - 30th/31st

(Submit time sheet *no later than the 17th* of each month)  
(Submit time sheet *no later than 2nd/3rd* of each month)

	Date	Start Time	Lunch Start	Lunch End	End Time	Reg Hrs	OT Hrs	Sick Hrs	PTO Hrs	Holiday Hrs	Total Hours
Sunday											
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Total Pay Period Hours:											

Employee Signature: \_\_\_\_\_  
Date signed: \_\_\_\_\_

Manager Signature: \_\_\_\_\_  
Date Signed: \_\_\_\_\_