



ExpertCare Management Services as your employer is the only party that can authorize a change in your employee work schedule. Violation of this policy will result in disciplinary action up to or including termination.

## Back up Care Advantage Timesheet - TIME IN/TIME OUT

For Week Ending \_\_\_\_\_

Client Name: \_\_\_\_\_

Caregiver: Please fill in completely. Keep a copy for yourself. The ExpertCare copy of the time card must be received in our office by 8:00am on Monday, **regardless of a holiday**. Failure to turn in your timesheet by the deadline will result in delay of pay until the next pay date. ExpertCare Management Services, 210 Town Center Drive, Troy, MI 48084, Fax (248)740-3505

Employee Name:	Hours Worked	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Total Hours
	Date								
Companionship / Meals /Personal Care	Time In								
	Time Out								
	Total Hours								

- **Please indicate the hours worked under the type of Needs**

I attest, under the penalty of perjury, I have worked the hours declared above and they are true, correct. Signatures are not to be copied from a previous timesheet and must be the original signatures. Clients, by signing this timesheet you attest that all information is accurate. No whiteout or pre-signed timesheets will be accepted.

Caregiver's Signature: \_\_\_\_\_

Last 4 digits of social security number: \_\_\_\_\_

X \_\_\_\_\_  
Authorized Client Signature

\_\_\_\_\_  
Date

Date	Note

If you would like to verify receipt of timesheet please leave a message in the payroll mailbox: 248-205-7205 Payroll will return the call on Monday if there is a problem or if the timesheet was not received.