

TIMEKEEPING TOOL (check all that apply)

Employer Type directly hired by individual/family hired by agency

Work Type nanny homecare worker board and care
 live-in live-out other _____

Payment I'm paid per hour I'm paid per week
 Agreement I'm paid per month other _____

Name of employer/agency: _____

Phone Number: _____

Address: _____

Week of 	Time in 	Time out 	Meal Period Start 	Meal Period End 	Did you take your breaks?	Total hours/day
Sunday					yes no	
Monday					yes no	
Tuesday					yes no	
Wednesday					yes no	
Thursday					yes no	
Friday					yes no	
Saturday					yes no	
						Weekly total

Housekeeping Task*	Weekly Total Amount of Time
Laundry	
Cooking	
Cleaning	
Gardening	
Other Housekeeping tasks	

Payments

Date 	Amount \$

*Board and Care Workers do not have to fill out tasks table.

Paid sick leave accrued (total hours ÷ 30)	Paid sick leave used & dates

I certify that the above is true and accurate.

_____ Date

_____ Signature

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