

Veteran Directed Care Timesheet

Veteran's Name: _____

Employer Name: _____

Employee Name: _____

Week 1

Week 2

Date	Day	Time In	Time out	Total Hours-Day		Date	Day	Time In	Time Out	Total Hours- Day
	Sunday						Sunday			
	Monday						Monday			
	Tuesday						Tuesday			
	Wednesday						Wednesday			
	Thursday						Thursday			
	Friday						Friday			
	Saturday						Saturday			
Weekly Total						Weekly Total				

Employer's Signature _____

Employee's Signature _____

By signing Above I verify that all hours worked by this employee are accurately recorded on this timesheet

Please Mail your Timesheets to:
 SP LLC
 8 Falcon Rd.
 Lewiston, ME. 04240

Or Fax them to: 207-513-3747

Or email them to: fi@seniorsplus.org

Any questions or concerns with this timesheet? Call us at 1-800-427-1241

SP LLC Fiscal Intermediary Services