Email to: Payroll@MyMRCl.org

## Homemaker - Cleaning Only MRCI-CDS Time-Sheet



Employee's Name:	:			
Client's Name:				
Client Representat	ive:			
2-Week Pay Period	d: Sun: (mm/dd/year)	Sat: (mm/dd/year)		
Was the Client <b>hos</b> If yes, dates hospit	-		Yes No Time of Day Client admitted to hospit	al:
Date	<u>Fro</u>	<u>m</u>	<u>To</u>	Total Hours
		am/pm	am/pm	
		am/pm	am/pm	
		am/pm_	am/pm	
		am/pm_	am/pm	
		am/pm	am/pm	
		am/pm	am/pm_	
		am/pm	am/pm	
		am/pm am/pm	am/pm am/pm	
Hourly Rate: \$	ours recorded a		Totals for the pay perio	
Signature of Employee		Signature of Client/Represer	Signature of Client/Representative	
Date			Date	

Not valid unless signed by both Parties

\*\*If hours exceed 40 in a calendar week (Sunday thru Saturday), the resulting overtime may be reportable to the County\*\*