Gateways Community Services 144 Canal Street Nashua, NH 03064
(P) 603-882-6333 (F) 603-459-2726

Program Code: V_____ **Period Ending Date:**

Veteran Independence Program Time Sheet

Provider Name:

Provider Signature:

Supervisor Name:

Supervisor Signature:

DAY	DATE M/D	TIME IN	Circle	TIME OUT	Circle	REG HOURS	Travel HOURS	Overtime HOURS
SAT			AM/PM		AM/PM			
			AM/PM		AM/PM			
SUN			AM/PM		AM/PM			
			AM/PM		AM/PM			
MON			AM/PM		AM/PM			
			AM/PM		AM/PM			
TUES			AM/PM		AM/PM			
			AM/PM		AM/PM			
WED			AM/PM		AM/PM			
			AM/PM		AM/PM			
THURS			AM/PM		AM/PM			
			AM/PM		AM/PM			
FRI			AM/PM		AM/PM			
			AM/PM		AM/PM			
First Week Total								
This is a Legal Document. Please initial any changes or corrections. DO NOT use white out or pencil.								
SAT			AM/PM		AM/PM			
			AM/PM		AM/PM			
SUN			AM/PM		AM/PM			
			AM/PM		AM/PM			
MON			AM/PM		AM/PM			
			AM/PM		AM/PM			
TUES			AM/PM		AM/PM			
			AM/PM		AM/PM			
WED			AM/PM		AM/PM			
			AM/PM		AM/PM			
THURS			AM/PM		AM/PM			
			AM/PM		AM/PM			
FRI			AM/PM		AM/PM			
			AM/PM		AM/PM			
Second Week Total								
TOTAL HOURS WORKED FOR BOTH WEEKS								

Timesheets are due by 9am

on Monday at Gateways,
after each payperiod ending date

GATEWAYS COMMUNITY SERVICES

✓ *Please check mark each day to indicate services provided*

CLEANING	LAUNDRY	DRESSING	MEAL PREP	TOILETING	BATHING	MOBILITY	MED CUING	TRANSPORT	ERRANDS