



Biweekly Timesheet

Payroll Period Ending Date:

Client Code: _____

Provider Name: (please print) _____

Provider Signature: _____

Supervisor Name: (please print) _____

Supervisor Signature: _____

DAY	Date MM/DD/YY	TIME IN	AM PM	TIME	AM PM	REGULAR Work Hours	HH Aide	Travel Time	ET	HOL	OT	✔ Please check to indicate services provided		
			(Circle)	OUT	(Circle)									
SAT			AM PM		AM PM							Personal Care	Meals	Cueing
			AM PM		AM PM								Homemaker	Errands
SUN			AM PM		AM PM							Personal Care	Meals	Cueing
			AM PM		AM PM								Homemaker	Errands
MON			AM PM		AM PM							Personal Care	Meals	Cueing
			AM PM		AM PM								Homemaker	Errands
TUE			AM PM		AM PM							Personal Care	Meals	Cueing
			AM PM		AM PM								Homemaker	Errands
WED			AM PM		AM PM							Personal Care	Meals	Cueing
			AM PM		AM PM								Homemaker	Errands
THU			AM PM		AM PM							Personal Care	Meals	Cueing
			AM PM		AM PM								Homemaker	Errands
FRI			AM PM		AM PM							Personal Care	Meals	Cueing
			AM PM		AM PM								Homemaker	Errands

First Week Totals:

This is a legal document. Initial any changes or corrections. DO NOT USE white out or pencil.

SAT			AM PM		AM PM							Personal Care	Meals	Cueing
			AM PM		AM PM								Homemaker	Errands
SUN			AM PM		AM PM							Personal Care	Meals	Cueing
			AM PM		AM PM								Homemaker	Errands
MON			AM PM		AM PM							Personal Care	Meals	Cueing
			AM PM		AM PM								Homemaker	Errands
TUE			AM PM		AM PM							Personal Care	Meals	Cueing
			AM PM		AM PM								Homemaker	Errands
WED			AM PM		AM PM							Personal Care	Meals	Cueing
			AM PM		AM PM								Homemaker	Errands
THU			AM PM		AM PM							Personal Care	Meals	Cueing
			AM PM		AM PM								Homemaker	Errands
FRI			AM PM		AM PM							Personal Care	Meals	Cueing
			AM PM		AM PM								Homemaker	Errands

Second Week Totals:

						REGULAR	HH Aide	Travel	ET	HOL	OT	*Round totals to the nearest quarter hours*		
TOTAL HOURS WORKED FOR BOTH WEEKS:												15 mins = .25	30mins = .50	45 mins = .75

Date Received Stamp		
Dept Approval: _____		
PAYROLL OFFICE USE ONLY		

Timesheets are DUE by Monday at 9am following the Period Ending date

How to Submit Timesheets
 Fax to (603) 459-2726

Drop off/Mail
 Front Desk 8:30-4:30 M-F or Red Lock Box 24/7

Scan and Email to: G4STimesheet@gatewaysforseniors.org 144 Canal Street, Nashua, NH 03064