



855 Matheson Blvd E Unit 1A, Mississauga ON, L4W 4L6

Caregiver/ Employee:	Client name:
Caregiver Employee e-mail:	Pay period start date:
Manager Signing Off:	Pay period end date:

Day	Date	Regular Hours	Overtime/Missed Break	Sick	Total	Authorizing Signature
Monday					-	
Tuesday					-	
Wednesday					-	
Thursday					-	
Friday					-	
Saturday					-	
Sunday					-	
	Total	-	-	-	-	

I certify that the hours I have declared represent my actual hours worked during the week. I acknowledge that any misrepresentation of hours worked will result in immediate dismissal

Caregiver Employee signature

Singing Manager signature