**DOVES HOME CARE, LLC**
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Hattiesburg MS 39402
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EMAIL: dhcapplications@yahoo.com

# TIME SHEET

***DUE EVERY MONDAY BY 12 NOON***

START DATE: ____________________________
END DATE:______________________________

**Employee Name:**________________________________
**Employee ID:** __________________________________
**Employee Title:** ________________________________

| DATE | START TIME | END TIME | REGULAR HOURS | OVER TIME HOURS | TOTAL HOURS |
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| | | **WEEKLY TOTALS:** | | | |

CAREGIVER SIGNATURE:______________________________________ DATE:________________

SUPERVISOR SIGNATURE:_____________________________________ DATE:________________