LK HEALTHCARE
PROFESSIONALS

Caregiver Time Sheet

Note: CALL 416-939-8062 IF YOU CANNOT MAKE YOUR SHIFT OR ARE RUNNING LATE

Caregiver Name: _____

Pay Period From: _____ To: _____

Date	Start Time	End Time	Total Hours	Facility and Room Number	Floor	Charge Nurse Name	Charge Nurse Signature

- Time sheet must be submitted to **payroll@lkhealthcare.ca** by 11:59pm on Sunday. Late submission will result in late pay.
- Time sheet must be signed by Manager/Charge-Nurse to process your payment.
- Breaks are 30 - minutes un-paid.
- Employees must sign the facility's in-house register, otherwise LK Healthcare & Professionals will not be able to pay you.

Sisgnature _____ Date _____