P ersonal A ssistance O ptions, Inc . - Employee Time Sheets

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Employee Name _____ Payroll Period _____

Consumer Name _____ Coordinator _____

Week one **Week Two**

Day	Date	Time In	Time out	Total hours	Day	Date	Time In	Time Out	Total Hours

Total Hours Week One _____ Total Hours week Two _____

Comments _____ Verified Initials _____

Return to Personal Assistance Options by Monday at the end of the pay period. Your signature verifies that the above includes **all worked hours** for the pay period indicated. Electronic submission indicates employee signature.

_____

Employee Signature