



BetaCare Staff Name:.....

Pay Period.....

MONTH/YEAR

<u>Date</u>	<u>Location</u>	<u>Time IN</u>	<u>Time OUT</u>	<u>Location Staff Name</u>	<u>Staff Signature</u>	<u>Total</u>
1 st						
2 nd						
3 rd						
4 th						
5 th						
6 th						
7 th						
8 th						
9 th						
10 th						
11 th						
12 th						
13 th						
14 th						
15 th						

*Pay periods run from 1-15 & 16-31 of each month. * **Payroll Dates 15 and 30 each Month.**

***Time sheets are to be signed by the location staffs at the start and end of your shift. (Pls note that time sheets not signed by the locations staff wont be processed.**

**Emails Time sheet to { time@betacare.ca } latest 12 noon 16th and 1st of each month.*

*Please arrived at the location on time so that the house staffs can give you a shift change, orient you about the days activities/plan. **If you are running late for your shift call the office 15 min before your shift begin, this helps us to make plans to support the clients accordingly till u arrive at the location.***

-If you are assigned to another shift same day pls indicate in the extra shift section below.



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16 th						
17 th						
18 th						
19 th						
20 th						
21 st						
22 nd						
23 rd						
24 th						
25 th						
26 th						
27 th						
28 th						
29 th						
30 th						
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