# ALL TOGETHER WE CAN, LLC

*Supported Living Services*

901 W. Civic Center Drive, Suite #400

## EMPLOYEE TIMESHEET • 2026–2027

| | | | |
|---|---|---|---|
| **Employee Name:** | | **Client Name:** | |
| **Pay Period:** | | **Position / Title:** | |

*Instructions: Record time worked for each shift below. Enter times in AM/PM format (e.g., 9:00 AM). Timesheets must be submitted by 12:00 PM on the due date shown on the payroll schedule. Late timesheets will delay pay.*

| Date | Client Full Name | Time In (AM/PM) | Lunch Out | Lunch In | Time Out (AM/PM) | Total Hours Billed |
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| | | | | | **TOTAL HOURS FOR PAY PERIOD:** | |

**CERTIFICATION:** By signing below, I certify that the time recorded on this document is true and accurate. Any time recorded on this documentation is legal and binding. Falsification is grounds for termination.

| Employee Signature | Date | Supervisor Signature | Date |
|---|---|---|---|
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