



30200 Telegraph Rd. suite 235 Office: 248-885-8640  
 Bingham Farms, MI 48025 Fax: 877-359-8475

Hourly Pay Period	Turn Notes/ Time Sheets in by Midnight	Check Date
01/07/19 - 01/20/19	01/21/19	01/25/19
01/21/19 - 02/03/19	02/04/19	02/08/19
02/04/19 - 02/17/19	02/18/19	02/22/19
02/18/19 - 03/03/19	03/04/19	03/08/19
03/04/19 - 03/17/19	03/18/19	03/22/19
03/18/19 - 03/31/19	04/01/19	04/05/19
04/01/19 - 04/14/19	04/15/19	04/19/19
04/15/19 - 04/28/19	04/29/19	05/03/19
04/29/19 - 05/12/19	05/13/19	05/17/19
05/13/19 - 05/26/19	05/27/19	05/31/19
05/27/19 - 06/09/19	06/10/19	06/14/19
06/10/19 - 06/23/19	06/24/19	06/28/19
06/24/19 - 07/07/19	07/08/19	07/12/19
07/08/19 - 07/21/19	07/22/19	07/26/19
07/22/19 - 08/04/19	08/05/19	08/09/19
08/05/19 - 08/18/19	08/19/19	08/23/19
08/19/19 - 09/01/19	09/02/19	09/06/19
09/02/19 - 09/15/19	09/16/19	09/20/19
09/16/19 - 09/29/19	09/30/19	10/04/19
09/30/19 - 10/13/19	10/14/19	10/18/19
10/14/19 - 10/27/19	10/28/19	11/01/19
10/28/19 - 11/10/19	11/11/19	11/15/19
11/11/19 - 11/24/19	11/25/19	11/29/19
11/25/19 - 12/08/19	12/09/19	12/13/19
12/09/19 - 12/22/19	12/23/19	12/27/19
12/23/19 - 01/05/20	01/06/20	01/10/20
01/06/20 - 01/19/20	01/20/20	01/24/20

# PRO CARE UNLIMITED BIWEEKLY PAYROLL TIME SHEET

Department: Direct Care Worker

Fax: 1-877-359-8475

Email: mshaouni@procareunlimited.com

<b>Employee Name :</b>		<b>Phone Number:</b>					<b>Pay Periods:</b>	<b>Pay Dates:</b>
<b>Consumer Full Name :</b>		<b>1/20/2019</b>					01/07/19 - 01/20/19	1/25/2019
<b>Pay Period: 1/7/2019</b>		<b>1/20/2019</b>					01/21/19 - 02/03/19	2/8/2019
<b>Day</b>	<b>Date</b>	<b>CLS-Time In</b>	<b>CLS-Time Out</b>	<b>RESPITE-Time In</b>	<b>RESPITE-Time Out</b>	<b>Hours Worked:</b>		
Mon	1/7/19						02/04/19 - 02/17/19	
Tues	1/8/19						02/18/19 - 03/03/19	
Wed	1/9/19						03/04/19 - 03/17/19	
Thur	1/10/19						03/18/19 - 03/31/19	
Fri	1/11/19						04/01/19 - 04/14/19	
Sat	1/12/19						04/15/19 - 04/28/19	
Sun	1/13/19						04/29/19 - 05/12/19	
							05/13/19 - 05/26/19	
							05/27/19 - 06/09/19	
							06/10/19 - 06/23/19	
							06/24/19 - 07/07/19	
							07/08/19 - 07/21/19	
							07/22/19 - 08/04/19	
							08/05/19 - 08/18/19	
							08/19/19 - 09/01/19	
							09/02/19 - 09/15/19	
							09/16/19 - 09/29/19	
							09/30/19 - 10/13/19	
							10/14/19 - 10/27/19	
							10/28/19 - 11/10/19	
							11/11/19 - 11/24/19	
							11/25/19 - 12/08/19	
							12/09/19 - 12/22/19	
							12/23/19 - 01/05/20	
							01/06/20 - 01/19/20	
							01/07/19 - 01/20/20	
<b>Day</b>	<b>Date</b>	<b>CLS-Time In</b>	<b>CLS-Time Out</b>	<b>RESPITE-Time In</b>	<b>RESPITE-Time Out</b>	<b>Hours Worked:</b>		
Mon	1/14/19							
Tues	1/15/19							
Wed	1/16/19							
Thur	1/17/19							
Fri	1/18/19							
Sat	1/19/19							
Sun	1/20/19							
						<b>Weekly Total</b>		
						<b>Weekly Total</b>		
Must be faxed in every other Monday accompanied by progress notes/logs								
<b>Employee Signature:</b>						<b>Bi-Weekly Total:</b>		
<b>Guardian/Parent Signature:</b>								

# PRO CARE UNLIMITED BIWEEKLY PAYROLL TIME SHEET

Department: Direct Care Worker

Fax: 1-877-359-8475

Email: mshaoumi@procareunlimited.com

Employee Name :		Phone Number:				Pay Periods:		Pay Dates:	
Consumer Full Name :		1/20/2019				01/07/19 - 01/20/19		1/25/2019	
Pay Period: 1/21/2019		1/20/2019				01/21/19 - 02/03/19		2/8/2019	
Day	Date	CLS-Time In	CLS-Time Out	RESPIRE-Time In	RESPIRE-Time Out	Hours Worked:			
Mon	1/21/19								
Tues	1/22/19								
Wed	1/23/19								
Thur	1/24/19								
Fri	1/25/19								
Sat	1/26/19								
Sun	1/27/19								
<b>Weekly Total</b>									
Day	Date	CLS-Time In	CLS-Time Out	RESPIRE-Time In	RESPIRE-Time Out	Hours Worked:			
Mon	1/28/19								
Tues	1/29/19								
Wed	1/30/19								
Thur	1/31/19								
Fri	2/1/19								
Sat	2/2/19								
Sun	2/3/19								
<b>Weekly Total</b>									
Must be faxed in every other Monday accompanied by progress notes/logs									
Employee Signature:						<b>Bi-Weekly Total:</b>			
Guardian/Parent Signature:									

# PRO CARE UNLIMITED BIWEEKLY PAYROLL TIME SHEET

Department: Direct Care Worker

Fax: 1-877-359-8475

Email: mshaoumi@procareunlimited.com

Employee Name :		Phone Number:				Pay Periods:	Pay Dates:
Consumer Full Name :						01/07/19 - 01/20/19	1/25/2019
Pay Period: 2/4/2019		2/17/2019				01/21/19 - 02/03/19	2/8/2019
Day	Date	CLS-Time In	CLS-Time Out	RESPIRE-Time In	RESPIRE-Time Out	Hours Worked:	
Mon	2/4/19						2/22/2019
Tues	2/5/19						3/8/2019
Wed	2/6/19						3/22/2019
Thur	2/7/19						4/5/2019
Fri	2/8/19						4/19/2019
Sat	2/9/19						5/3/2019
Sun	2/10/19						5/17/2019
Weekly Total							5/31/2019
Weekly Total							6/14/2019
Weekly Total							6/28/2019
Weekly Total							7/12/2019
Weekly Total							7/26/2019
Weekly Total							8/9/2019
Weekly Total							8/23/2019
Weekly Total							9/6/2019
Weekly Total							9/20/2019
Weekly Total							10/4/2019
Weekly Total							10/18/2019
Weekly Total							11/1/2019
Weekly Total							11/15/2019
Weekly Total							11/29/2019
Weekly Total							12/13/2019
Weekly Total							12/27/2019
Weekly Total							1/10/2020
Weekly Total							1/24/2020
Weekly Total							01/07/19 - 01/20/20
Must be faxed in every other Monday accompanied by progress notes/logs							
Employee Signature:						Bi-Weekly Total:	
Guardian/Parent Signature:							

# PRO CARE UNLIMITED BIWEEKLY PAYROLL TIME SHEET

Department: Direct Care Worker

Fax: 1-877-359-8475

Email: mshaouni@procareunlimited.com

Employee Name :		Phone Number:		Pay Periods:	Pay Dates:	
Consumer Full Name :		3/3/2019		01/07/19 - 01/20/19	1/25/2019	
Pay Period: 2/18/2019		3/3/2019		01/21/19 - 02/03/19	2/8/2019	
Day	Date	CLS-Time In	CLS-Time Out	RESPIRE-Time In	RESPIRE-Time Out	Hours Worked:
Mon	2/18/19					
Tues	2/19/19					
Wed	2/20/19					
Thur	2/21/19					
Fri	2/22/19					
Sat	2/23/19					
Sun	2/24/19					
				<b>Weekly Total</b>		
Day	Date	CLS-Time In	CLS-Time Out	RESPIRE-Time In	RESPIRE-Time Out	Hours Worked:
Mon	2/25/19					
Tues	2/26/19					
Wed	2/27/19					
Thur	2/28/19					
Fri	3/1/19					
Sat	3/2/19					
Sun	3/3/19					
				<b>Weekly Total</b>		
Must be faxed in every other Monday accompanied by progress notes/logs						
Employee Signature:				Bi-Weekly Total:		
Guardian/Parent Signature:						

# PRO CARE UNLIMITED BIWEEKLY PAYROLL TIME SHEET

Department: Direct Care Worker

Fax: 1-877-359-8475

Email: mshaoumi@procareunlimited.com

Employee Name :		Phone Number:				Pay Periods:	Pay Dates:
Consumer Full Name :		3/17/2019				01/07/19 - 01/20/19	1/25/2019
Pay Period: 3/4/2019		3/17/2019				01/21/19 - 02/03/19	2/8/2019
Day	Date	CLS-Time In	CLS-Time Out	RESPIRE-Time In	RESPIRE-Time Out	Hours Worked:	
Mon	3/4/19						02/04/19 - 02/17/19
Tues	3/5/19						02/18/19 - 03/03/19
Wed	3/6/19						03/04/19 - 03/17/19
Thur	3/7/19						03/18/19 - 03/31/19
Fri	3/8/19						04/01/19 - 04/14/19
Sat	3/9/19						04/15/19 - 04/28/19
Sun	3/10/19						04/29/19 - 05/12/19
				Weekly Total			05/13/19 - 05/26/19
				Weekly Total			05/27/19 - 06/09/19
				Weekly Total			06/10/19 - 06/23/19
				Weekly Total			06/24/19 - 07/07/19
				Weekly Total			07/08/19 - 07/21/19
				Weekly Total			07/22/19 - 08/04/19
				Weekly Total			08/05/19 - 08/18/19
				Weekly Total			08/19/19 - 09/01/19
				Weekly Total			09/02/19 - 09/15/19
				Weekly Total			09/16/19 - 09/29/19
				Weekly Total			09/30/19 - 10/13/19
				Weekly Total			10/14/19 - 10/27/19
				Weekly Total			10/28/19 - 11/10/19
				Weekly Total			11/11/19 - 11/24/19
				Weekly Total			11/25/19 - 12/08/19
				Weekly Total			12/09/19 - 12/22/19
				Weekly Total			12/23/19 - 01/05/20
				Weekly Total			01/06/20 - 01/19/20
				Weekly Total			01/07/19 - 01/20/20
Must be faxed in every other Monday accompanied by progress notes/logs							
Employee Signature:						Bi-Weekly Total:	
Guardian/Parent Signature:							

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Department: Direct Care Worker

Fax: 1-877-359-8475

Email: mshaouni@procareunlimited.com

Employee Name :		Phone Number:				Pay Periods:	Pay Dates:
Consumer Full Name :						01/07/19 - 01/20/19	1/25/2019
Pay Period: 3/18/2019		3/31/2019				01/21/19 - 02/03/19	2/8/2019
Pay Period: 3/18/2019		3/31/2019				02/04/19 - 02/17/19	2/22/2019
Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:	
Mon	3/18/19						3/8/2019
Tues	3/19/19						3/22/2019
Wed	3/20/19						4/5/2019
Thur	3/21/19						4/19/2019
Fri	3/22/19						5/3/2019
Sat	3/23/19						5/17/2019
Sun	3/24/19						5/31/2019
Weekly Total							6/14/2019
Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:	
Mon	3/25/19						6/28/2019
Tues	3/26/19						7/12/2019
Wed	3/27/19						7/26/2019
Thur	3/28/19						8/9/2019
Fri	3/29/19						8/23/2019
Sat	3/30/19						9/6/2019
Sun	3/31/19						9/20/2019
Weekly Total							10/4/2019
Must be faxed in every other Monday accompanied by progress notes/logs							
Employee Signature:						Bi-Weekly Total:	
Guardian/Parent Signature:							

# PRO CARE UNLIMITED BIWEEKLY PAYROLL TIME SHEET

Department: Direct Care Worker

Fax: 1-877-359-8475

Email: mshaouni@procareunlimited.com

<b>Employee Name :</b>		<b>Phone Number:</b>		<b>Pay Periods:</b>		<b>Pay Dates:</b>	
Consumer Full Name :		4/1/2019 - 4/14/2019		01/07/19 - 01/20/19		1/25/2019	
Day		CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:	
Mon	4/1/19						
Tues	4/2/19						
Wed	4/3/19						
Thur	4/4/19						
Fri	4/5/19						
Sat	4/6/19						
Sun	4/7/19						
<b>Weekly Total</b>							
Day	Date	CLS-Time In	CLS-Time Out	RESPITE-Time In	RESPITE-Time Out	Hours Worked:	
Mon	4/8/19						
Tues	4/9/19						
Wed	4/10/19						
Thur	4/11/19						
Fri	4/12/19						
Sat	4/13/19						
Sun	4/14/19						
<b>Weekly Total</b>							
Must be faxed in every other Monday accompanied by progress notes/logs							
Employee Signature:				Bi-Weekly Total:			
Guardian/Parent Signature:							



# PRO CARE UNLIMITED BIWEEKLY PAYROLL TIME SHEET

Department: Direct Care Worker

Fax: 1-877-359-8475

Email: mshaouni@procareunlimited.com

Employee Name :		Phone Number:					Pay Periods:	Pay Dates:
Consumer Full Name :		4/28/2019					01/07/19 - 01/20/19	1/25/2019
Pay Period: 4/15/2019		4/28/2019						
Day	Date	CLS-Time In	CLS-Time Out	RESPIRE-Time In	RESPIRE-Time Out	Hours Worked:		
Mon	4/15/19						2/22/2019	
Tues	4/16/19						3/8/2019	
Wed	4/17/19						3/22/2019	
Thur	4/18/19						4/5/2019	
Fri	4/19/19						4/19/2019	
Sat	4/20/19						5/3/2019	
Sun	4/21/19						5/17/2019	
<b>Weekly Total</b>								
Day	Date	CLS-Time In	CLS-Time Out	RESPIRE-Time In	RESPIRE-Time Out	Hours Worked:		
Mon	4/22/19						6/14/2019	
Tues	4/23/19						6/28/2019	
Wed	4/24/19						7/12/2019	
Thur	4/25/19						7/26/2019	
Fri	4/26/19						8/9/2019	
Sat	4/27/19						8/23/2019	
Sun	4/28/19						9/6/2019	
<b>Weekly Total</b>								
Must be faxed in every other Monday accompanied by progress notes/logs								
Employee Signature:								
Guardian/Parent Signature:								