GEMINICARES – PAPER TIME REPORT

Place Employee Label Here	**Client Name (please print):**

For the pay period from : _____/_____ to: _____/_____ 20_____

DATE	START TIME	END TIME	MILES ONLY IF AUTHORIZED	EXPENSES ONLY IF AUTHORIZED	CLIENT INITIAL
/	: am / pm	: am / pm			
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I certify these are my true and honest hours. I attest that I completed all duties as assigned on the client's duty list and I have reported all health, mental and capability changes relating to my client to my Supervisor.

Signed: _____ Date: _____

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