

Euro-American Homecare, LLC

1436 Berlin Turnpike, Suite 1-A
 Berlin, CT 06037
 (860) 829-0208

Date: __/__/__
eahtimesheets@homecare4u.com
 Fax: 860.829.5615

I hereby certify that the hours entered below were worked by me.

Employee Name (please print)

Employee Signature

Day	Date	Time In	Time Out	Total Hours /Days
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				
Week Ending: __/__/__			Totals	

Pursuant to the Service Agreement, as may be amended from time to time, between Euro-American Homecare, LLC ("EAH") and the Client specified below, the undersigned Client or duly Authorized Representative hereby (1) approves the above-listed time (2) acknowledges that, for such time worked, Client will be charged the hourly rates specified in the Service Agreement (including any holiday premiums specified therein), (3) agrees to comply with all provisions of the Service Agreement, which continues in full force and effect.

Client Name (please print)

Signature of Client/
 Authorized Representative

Must be turned in by noon each Monday to avoid delay of payment.

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