Sample weekly time sheet for non-exempt employees

This non-exempt timesheet can be modified as a tool to require employees who are on duty for 24 hours or less to record their hours of work. It also includes a time certification in which the employee certifies the accuracy of their reported hours of work. Many home care agencies have their own timesheets with specific activities and client data related to the agencies’ business models. The important aspect of this time record is capturing the exact time worked and requiring the employee to certify the accuracy of the employee’s reported hours or work. It may be most efficient to add the certification to your own time record.

Note: This tool is not a “do-it-yourself” guide to reclassifying home care workers to non-exempt status under the FLSA. This tool was provided by Angelo Spinola, Little Mendelson, Atlanta, Ga. are for informational purposes only, not for the purposes of establishing an attorney-client relationship or providing legal advice, and should not be relied upon as legal advice.

Print Name ____________________________ Workweek Ending ________________

<table>
<thead>
<tr>
<th>Day</th>
<th>Start Work</th>
<th>End Work</th>
<th>Start Lunch</th>
<th>End Lunch</th>
<th>Start Work</th>
<th>End Work</th>
<th>Total Hours</th>
<th>Other Paid Time</th>
<th>Explanation</th>
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</table>

By signing this time sheet I certify that I have carefully reviewed this time sheet and that the hours reported on this time sheet, including all start and stop times, are accurate. I was allowed an uninterrupted meal period that was at least 30 minutes in duration. I have not reported more or less time than I actually worked. I will not sign this time sheet if it is not accurate and will report any inaccuracies to the human resources department by calling the following number immediately: ________________.

If I have been pressured, coerced or directed by a supervisor, manager or anyone else at the Company to work through any meal period, inaccurately report any time or not report time that I have worked, I understand I must report the same to Human Resources.

Employee's Signature: ____________________________ Date: ________________
Manager's Approval: ____________________________ Date: ________________
Sample sleep time acknowledgement form

This is a tool for employees who work shifts of 24 hours or more. It is a customizable agreement between the employer and such employee to exclude a bona fide regularly scheduled sleeping period of no more than 8 hours from hours worked, provided adequate sleeping facilities are furnished by the employer and the employee can usually enjoy an uninterrupted night's sleep.

This is not a do-it-yourself guide to reclassifying home care workers to non-exempt status under the Fair Labor Standards Act. It is for informational purposes only, not for the purposes of establishing an attorney-client relationship or providing legal advice, and should not be relied upon as legal advice.

[EMPLOYEE NAME],

As you are aware, you currently are employed as a [POSITION] at [EMPLOYER]. From time to time, [EMPLOYER] requires individuals who currently hold the position of __________ to work specified shifts that are twenty-four (24) hours or more.

When you work a shift of 24 hours or more, sleeping time of eight (8) hours is excluded, and not compensated, when you have been provided with adequate sleeping facilities and you can generally enjoy an uninterrupted night's sleep. If your sleep is interrupted by work, you must report to your supervisor or [DESIGNATED REPRESENTATIVE] the amount of time of the interruption as hours worked. You will be compensated for the duration of the interruption. Additionally, if interruptions by work are so frequent that you cannot get at least five (5) hours of uninterrupted sleep, the entire sleep period will be considered work time and, therefore, compensable. The five (5) hours of sleep need not be consecutive. You must report to your supervisor or [DESIGNATED REPRESENTATIVE] that your sleep was interrupted by work such that you could not get at least 5 hours of sleep on that shift of 24 hours or more.

When you work a shift of 24 hours or less, sleeping time is considered “hours worked” and will be paid.

Accordingly, by signing below, you acknowledge and agree that sleep time during a 24 hour shift or more will not be counted as working time unless: (1) you are interrupted by work, in which case you will be compensated for the duration of the interruption; or (2) if the interruptions by work are so frequent that you cannot get at least 5 uninterrupted hours of sleep, the entire sleep period will be compensable. By signing below, you acknowledge and agree to affirmatively report to your supervisor or [DESIGNATED REPRESENTATIVE] the amount of time of the interruption as hours worked and when interruptions are so frequent, you cannot get at least 5 hours of uninterrupted sleep.

Should you have any questions regarding the above, please do not hesitate to contact your supervisor or [DESIGNATED REPRESENTATIVE].

Sincerely,

[SIGNING INDIVIDUAL’S NAME]

Acknowledged and agreed:

_________________________________________ Date: __________________________

Employee Signature

_________________________________________

Printed Employee Name