

VERIFICATION OF HOURS WORKED

The following information must be completed by you on a bi-weekly basis prior to payment being issued.

Service Provided: (Please Circle Respite (HSS) Babysitting ABA PCA Other)

Service Provided to: _____
(Name)

Period Covered: _____

Day of the Week:								WEEKLY HOURS
Date								
# Hours								
Date								
# Hours								
TOTAL HOURS								

Employee
Signature

Parent / Family Care Provider
Signature

Employee
Please Print Name

Parent / Family Care Provider
Please Print Name

Date

Date

Comments / Special Instructions

Please submit your time sheet prior to 5PM on the Monday following the end of your pay period. Funds will be deposited into your account on Friday morning.

****The completion and signing of this form by both parties will confirm that the hours recorded are accurate and true.****

Please submit your completed time sheet(s) to:

GW Tax & Accounting Service

Attn: Elizabeth / Heather

In Person: 367 Indian Meal Line, Torbay

By Fax: (709) 437-1928

By E-Mail: info@gwtax.ca

OR

By Mail: 367 Indian Meal Line

Torbay, NL A1K 1G3

If you have any questions or concerns pertaining to your payroll please call

Heather or Elizabeth at (709) 437-6007

Or email us at info@gwtax.ca