

*After shift
pay*

Luv2care of Elizabeth city NC
Timeslip
Luv2carellc@gmail.com

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
		7am				
		1	2			
		3pm				

m/d Date/hrs. 8/21 7.5

Facility staff initials _____

L2C title single shift _____ LPN _____

L2C title next shift/D _____

Single Shift worked (circle one) Morning Evening Night shadow(orient) show up(4hr)

Double Shift worked (circle one) Morning/Evening Evening/Night Night/Morning. (12hrs)

Use a separate time sheet and circle a single shift if 2 shifts are 8 hours apart in same day.

Total hrs. 7.5

Facility Name _____

Facility Staff Signature _____

Luv2Care Print Name Johnny Overton

Luv2Care Signature J

Date worked 08/21/25

(For single submittal sheet use) Please use the date you began your shift.

Dates worked _____ (For weekly submittal sheet use)

All time sheets are due no later than 8am on Monday for Friday deposit. Pls remember to put AM and PM on (In & out) Times.

(2hr)
Travel Pay
(Admin
only)