



1.888.566.6877

EDUCATION SERVICES TIMESHEET

Please upload JPG of timesheet to: [Click here to access Workforce Portal](#)
 Timesheets are due MONDAY by midnight for previous week worked.

EMPLOYEE NAME: LAST NAME, FIRST NAME (PLEASE PRINT)																												

SLP
 RBT
 Teacher
 Paraprofessional
 Psychologist
 COTA
 RN
 CNA
 Other: _____

Staff Signature: _____ School District Name: _____

DAY	DATE	SCHOOL NAME	TIME IN	TIME OUT	LUNCH TIME	TOTAL HOURS WORKED
MON						
TUES						
WED						
THURS						
FRI						
TOTAL HOURS WORKED FOR THE WEEK:						

PERFORMANCE EVALUATION TO BE COMPLETED BY SUPERVISOR WEEKLY						
QUALITY OF WORK	1	2	3	4	5	5 - TRULY GIFTED 4 - VERY GOOD 3 - GOOD 2 - FAIR 1 - POOR
DOCUMENTATION	1	2	3	4	5	
CLINICAL ABILITY	1	2	3	4	5	
PROFESSIONALISM/ATTITUDE	1	2	3	4	5	
ATTENDANCE/PUNCTUALITY	1	2	3	4	5	
COMMENTS						Please circle one number in each row which best reflects your assessment of the employee based on the scale at the left

In consideration for services provided by Gifted Healthcare, the above signed agrees not to hire the staff member named above directly or indirectly except with written permission from Gifted Healthcare. The client representative's signature above acknowledges services rendered, that the above hours are correct and the employee's performance was satisfactory.

 CLIENT REPRESENTATIVE SIGNATURE

 DATE

CLIENT: if applicable, please email signed timecard to: Timesheets@giftedhealthcare.com