

# SWEETWATER CARE LLC

1775 W UNIVERSITY DRIVE STE 127

TEMPE, AZ 85281

480.300.4129

[ADMIN@SWEETWATERCARE.COM](mailto:ADMIN@SWEETWATERCARE.COM)

## 2022 EMPLOYEE PAYROLL DATES

PAYROLL PERIOD START DATE	PAYROLL PERIOD END DATE	PAYROLL PROCESSING DATE	PAY DATE
01/05/2023	01/19/2023	01/23/2023	02/01/2023
01/20/2023	02/05/2023	02/06/2023	02/15/2023
02/06/2023	02/21/2023	02/22/2023	03/01/2023
02/22/2023	03/08/2023	03/09/2023	03/15/2023
03/09/2023	03/25/2023	03/27/2023	04/01/2023
03/26/2023	04/09/2023	04/10/2023	04/15/2023
04/10/2023	04/24/2023	04/25/2023	05/01/2023
04/25/2023	05/09/2023	05/10/2023	05/15/2023
05/10/2023	05/24/2023	05/25/2023	06/01/2023
05/25/2023	06/08/2023	06/09/2023	06/15/2023
06/09/2023	06/23/2023	06/26/2023	07/01/2023
06/24/2023	07/09/2023	07/10/2023	07/15/2023
07/10/2023	07/25/2023	07/26/2023	08/01/2023
07/26/2023	08/09/2023	08/10/2023	08/15/2023
08/10/2023	08/24/2023	08/25/2023	09/01/2023
08/25/2023	09/10/2023	09/11/2023	09/15/2023
09/11/2023	09/24/2023	09/25/2023	10/02/2023
09/25/2023	10/08/2023	10/09/2023	10/16/2023
10/09/2023	10/23/2023	10/24/2023	11/01/2023
10/24/2023	11/08/2023	11/09/2023	11/15/2023
11/09/2023	11/24/2023	11/27/2023	12/01/2023
11/25/2023	12/10/2023	12/11/2023	12/25/2023
12/11/2023	12/25/2023	12/26/2023	01/01/2024

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I, \_\_\_\_\_ understand that **ALL** timesheets **MUST** be signed by **BOTH** the Parent/Guardian and myself \_\_\_\_\_  
PRINT FULL NAME INITIAL

I, \_\_\_\_\_ understand that each client **MUST** have their own timesheet completed correctly \_\_\_\_\_  
PRINT FULL NAME INITIAL

I, \_\_\_\_\_ understand that **ALL** schedule changes **MUST** be submitted **PRIOR** to the Payroll Date \_\_\_\_\_  
PRINT FULL NAME INITIAL

I, \_\_\_\_\_ understand **ALL** client data **MUST** be completed by the Payroll **END DATE** \_\_\_\_\_  
PRINT FULL NAME INITIAL

I, \_\_\_\_\_ understand that **NO** timesheet will be accepted after 9am on the Payroll Processing Date \_\_\_\_\_  
PRINT FULL NAME INITIAL

I, \_\_\_\_\_ understand that if **ANY** timesheet is not completed fully/correctly, my timesheet will not be processed until it is completed accordingly. Therefore, adding **ANY** incomplete timesheets corrected following the process of payroll will be added to the **NEXT** pay period.

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SWCL STAFF NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SWCL STAFF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_