

## Timesheet

Time runs Sunday thru Saturday in one-week increments.

Week Beginning: \_\_\_\_\_ Week Ending: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Facility: \_\_\_\_\_

Regular Hours						All Shifts Must Have a Signature
Day	Date	Time In	Time Out	(-) Lunch	Total Hours	Supervisor Authorization
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
<b>Total Hours</b>						

On-Call Hours					All Shifts Must Have a Signature
Day	Date	Time In	Time Out	Total Hours	Supervisor Authorization
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
<b>Total Hours</b>					

Call-Back Hours					All Shifts Must Have a Signature
Day	Date	Time In	Time Out	Total Hours	Supervisor Authorization
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
<b>Total Hours</b>					

If you worked **less than 36 hours** this work week, please indicate the reason below:

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the above accurately represents my total hours of service for the above facility.

Employee Signature: \_\_\_\_\_

**Time cards must be faxed toll-free to 877.375.2450 no later than Monday at 12:00 noon EST.**