

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						
Total Hours						

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					
Total Hours					

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					
Total Hours					

If you worked **less than 40 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.