

Arizona Department of Economic Security Timesheet

Due before noon every Monday

Week Beginning: _____ Week Ending: _____

Employee Name: _____

Intermediate Care Facility: (Please circle only one) Campbell Pinchot Windsor

NOTES: An entry must be recorded for every day of the work week. For those days that you did not work any hours, you must list one of the following reasons under "Time In" for that day: Not Scheduled (NS), Called in Sick (CS) or Pre-approved Time Off (PTO). Do not leave any days blank. **PLEASE USE BLACK INK ONLY.**

<u>Day</u>	<u>Date</u>	<u>Time In</u>	<u>Time Out</u>	<u>(-) Lunch</u>	<u>Total</u>	<u>Authorized Arizona Department of Economic Security use only column</u>
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Total Hours						

Employee Signature _____ Date _____ Arizona Department of Economic Security Signature _____ Date _____

Please submit your weekly timesheet to nursing administration immediately following the completion of your final shift every week.