

## Employee Timesheet

Facility: CARE St. Peter

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

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

**Please note: 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.**

Day	Date	Time In	Time Out	(-) Lunch	Total	Supervisor Authorization
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Monday						
Tuesday						
				<b>Total Hours</b>		

If you worked less than your contracted target weekly hours or missed a scheduled shift for any reason, please provide a full explanation below.

**I hereby certify that the above hours accurately represent my total hours of service.**

\_\_\_\_\_  
Employee Signature                      Date

\_\_\_\_\_  
Supervisor Signature                      Date

**Time runs Tuesday through Monday in one-week increments. Please fax time sheets to 877-375-2450 no later than Wednesday at 12:00 a.m. E.S.T. If you are unable to fax a copy signed by your supervisor, please send the unsigned time sheet listing your hours worked. You can then follow up later in the week with the authorized copy. This additional safeguard will ensure that you are paid on time.**

**PLEASE FAX TO 877-375-2450**