

## Employee Timesheet - Due before 10:00 a.m. every Monday

Facility: Catawba Hospital – C.N.A.

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

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

**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.**

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

If you worked less than your target weekly hours or missed a scheduled shift, please provide an explanation.

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

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

Please submit your supervisor signed timesheet to Trish Paitsel in the time keeper's office **prior to 10:00 a.m. on Monday of each week**. Ms. Paitsel will verify that your reported time matches their punch system. Once verified, Ms. Paitsel will fax a copy of your facility verified timesheet to Worldwide. Ms. Paitsel's phone number is 540-375-4732.