

Take a cell phone picture of your facility verified timesheet and text or email to your recruiter. You can also fax to 877 375 2450.

## Employee Timesheet - Due before noon every Monday

Washington County Youth Center Facility:

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

Employee Name:

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

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

## **Total Call-Back Hours**

			On-Call Hours		· ·
<u>Day</u>	Date	<u>Time In</u>	<u>Time Out</u>	<u>Total</u>	Supervisor Authorization
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
PLEASE USE BLACK INK ONLY			Total On-	Call Hours	