



WEEKLY TIMESHEET (Sunday to Saturday Pay Period)

Please sign and fax to (866) 868-5180 no later than 12:00 PM CST every Monday.

Employee Name: _____ Employee SSN: _____

Client Facility: _____ Pay Period Begin Date: _____ Pay Period Ending Date: _____

Table with columns: Day, Date, Unit, Time In, Time Out, Meal Break, Regular Pay Hours (Regular, OT, Holiday), Special Pay Hours (On-Call, Call Back). Includes a TOTALS row at the bottom.

*Make sure that an amount of time is entered for meal break. 30 minutes will be assumed if there is no entry.
*Please use the Comments section below if the worked hours for this period is less than the guaranteed weekly minimum. Make sure to include whether the shortage was due to the facility not scheduling you, or if it was because you requested to be off.

Comments: _____

Facility Authorization Signature

Employee Signature

Printed Name

Timecards must have facility authorization signature.
If you have questions call (866) 868-0469.

Title