**WEEKLY TIMESHEET**

| **Name:** | **Week Ending:** |
| --- | --- |
| **Facility:** | **Exemptions:** |
| **City, State:** | **Employee Signature:** |

**To ensure that everyone gets paid on time, timecards must be faxed no later than Mondays by 12PM.**

| **Day of the Week (date)** | **Morning** | **Break**  | **Afternoon** | **Break** | **Unit** | **Facility** **Signature** | **For Office Use ONLY** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Time IN/OUT** |  |  |  |  |  |  |  |
| **Monday** |  |  |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |  |  |
| **Wednesday**  |  |  |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |  |  |
| **Friday**  |  |  |  |  |  |  |  |
| **Saturday** |  |  |  |  |  |  |  |
| **Sunday** |  |  |  |  |  |  |  |
| **Total Hours:** |  |  |  |  |  |  |  |

**NO PERSON IS PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION**

**THIS TIMESHEET MUST BE PERSONALLY FILLED OUT AND SIGNED BY EMPLOYEE**

**AUTHORIZATION OF OVERTIME: **