

WEEKLY TIMESHEET

SCAN FOR FURTHER ASSISTANCE



FAILURE TO COMPLY WITH THE FOLLOWING RESULTS IN A **DELAY IN PROCESSING YOUR CHECK**

- > Make sure to PRINT out facility name, city and state clearly
- > Please use one timesheet for each facility per week.
- > A ½ hour break is deducted from each shift of >6 hours. Employees are instructed to take a ½ hour break per shift.
- > Time IN/OUT (A.M or P.M.) and date must be clearly indicated.
- > Please use black ink and apply firmly.
- > Your signature confirms that you certify the hours you submit represent actual hours worked and that they were verified by the facility representative who signed your timesheet.

Name of Employee:

Facility Name:

Employee license:

Facility City, and State:

Employee Signature:

Name of supervisor that signed:

| Date | Morning | | Break 30min | Afternoon | | Break 30min | Regular Hours | Overtime Hours | Facility Signature |
|---------------------------|---------|-----|----------------|-----------|-----|----------------|---------------|-------------------|--------------------|
| | In | out | | In | out | | | | |
| Sunday | | | | | | | | | |
| Monday | | | | | | | | | |
| Tuesday | | | | | | | | | |
| Wednesday | | | | | | | | | |
| Thursday | | | | | | | | | |
| Friday | | | | | | | | | |
| Saturday | | | | | | | | | |
| Total Weekly Hours | | | | | | | | | |

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION

Authorization Of Overtime _____