

Please fill out all columns & calculate hours in DECIMAL HOUR format, thank you.

PAY PERIOD: _____

EMPLOYEE FULL NAME: _____

CLIENT FACILITY: _____

SUPERVISOR NAME/TITLE: _____

| DATE | START TIME (AM/PM) | LUNCH START (AM/PM) | LUNCH END (AM/PM) | NO LUNCH Check if no lunch <input type="checkbox"/> | END TIME (AM/PM) | TOTAL HOURS | SPECIAL NOTES (Ex. On-Call, Callback, etc.) |
|------|-----------------------|------------------------|----------------------|--|---------------------|-------------|--|
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Total Regular Hours: _____ **Total On-Call Hours:** _____ **Total Call-Back Hours:** _____

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|------------------------------|---------------------|
| SUPERVISOR SIGNATURE: | DATE SIGNED: |
| EMPLOYEE SIGNATURE: | DATE SIGNED: |

Timecards submitted past the weekly deadline are not guaranteed to be paid out on time, all timecards must have approved signatures to be processed, thank you.