

SHORE STAFFING TIME SHEET

Phone: 410-957-2800 • NEW fax: 410-630-7280

YOUR NAME & TITLE: _____ Week Ending: _____ / _____ / _____
 Month Day Year

FACILITY WORKED: _____

Day	Date	Time In	Time Out	Meal Break Required 30 minutes	Holiday (see approved holidays)	Approved OT	Charge	Total hours	Initials of supervisor
Sun									
Mon									
Tues									
Wed									
Thurs									
Fri									
Sat									
Weekly Total									

Holidays, if approved, are: New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving, & Christmas (from 11P – 10:59P)

Time sheets must be signed by supervisor at facility.

Our fax number is 410-630-7280 or scan and email to: bonnie@shorestaffing.com or heather@shorestaffing.com

Please note your time in military time and round up or down. I.E.: 9:10 would be 9:15. 18:20 would be 18:15.

By signing, I verify that all information on this timesheet is full and complete.

Note: Payday is on Friday. You must have your timesheet into us by Monday to be paid on time.

Your signature: _____ Date: _____

NOTE: NO NEED TO PUT A COVER SHEET ON YOUR FAX!