

HealthPoint Housing with Services Time Sheet and Report

Please write legibly and indicate AM or PM for all times.														
	Week 1							Week 2						
Day	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue
Date														
Time In	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time Out	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time In	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time Out	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time In	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time Out	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Total Hours														
Total Hours Worked in Week 1:							Total Hours Worked in Week 2:							
<p>By signing below, I am indicating that I understand and agree to the following terms. Time sheets are due every other Wednesday by 4:00pm, following the Company Payroll Calendar. Late time sheets may not be processed. Time sheets must be filled out each shift. You must indicate AM or PM. Time sheets with white out will not be accepted. Incomplete, incorrect, or illegible time sheets will not be accepted. I understand that misreporting my hours is fraud for which I could face criminal prosecution and civil proceeding</p>														
Location:														
Employee Name:							Employee Signature:					Date:		
_____							_____					_____		
Approved Supervisor Signature:										Date:				
_____										_____				

Note: _____ Employee Initials: _____ Supervisor Initials: _____

Note: _____ Employee Initials: _____ Supervisor Initials: _____