

Employee Name: Facility Name:

Fax completed timesheet no later than Monday at 8:00a.m. (Fax Number)

Day(s) Worked	Date	Unit	Time In	Meal Break (minutes)	Time Out	Supervisors Signature
Sunday	/ /					
Monday	/ /					
Tuesday	/ /					
Wednesday	/ /					
Thursday	/ /					
Friday	/ /					
Saturday	/ /					
Total Hours						

Employee Signature: Date

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