**Weekly Time Sheet**

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email completed sheet to **Timesheet@abmedicalstaffing.com by Sunday 10amCST**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Day Worked  | Date  | Unit  | Time In  | Time Out  | Meal Break Minutes | Supervisor Signature  |
| Sunday  |  / / |  |  |  |  |  |
| Monday  |  / / |  |  |  |  |  |
| Tuesday  |  / / |  |  |  |  |  |
| Wednesday  |  / / |  |  |  |  |  |
| Thursday  |  / / |  |  |  |  |  |
| Friday  |  / / |  |  |  |  |  |
| Saturday  |  / / |  |  |  |  |  |
| Total Hours |

Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My signature certifies that this document is accurate, complete, and authorized personnel signed the form. I understand that any misrepresentation of information on this form will be considered fraud will be prosecuted to the fullest extent of the law. I understand not submitting timely and any questionable/illegible information is subject to verification and will cause a delay in payroll. I understand that I will be paid upon verification of the above