Logo, company name

Description automatically generated**Weekly Time Sheet**

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

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

Email completed sheet to **[Timesheet@abmedicalstaffing.com](mailto: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