

Weekly Time Sheet

Employee Name: _____

Facility Name: _____

Fax completed timesheet no later than Sunday 10a.m to **877.883.8677**

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:** _____