

TIMESHEET

Employee Name	
Facility Name	
Department	
Position	

Day of the week	Date	Time in	Break	Time out	Regular hours	Over time	Clients initials
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

Employee signature: _____ Date: _____.

Supervisor's signature: _____ Date: _____.

****By approving the hours worked on this timesheet, the client agrees to pay for the services and that the services were performed in a satisfactory manner.**

****Employee certifies that the hours indicated on this time sheet are correct and were approved by an authorized individual employed by the client.**