TIMESHEET - DUE SUNDAY BY NOON CST

Email to your recruiter!

Employee Name:

Facility/Location Name:

Recruiter Name:

Week Of:

INSTRUCTIONS/GUIDELINES:

1. List ALL in/out times and lunch minutes, not just total hours. **Use 24-hour format or note AM/PM.**
2. Please note exceptions in comments.
3. Time is calculated by in/out times. Do not round.
4. Undocumented lunch breaks are deducted 1/2 hour/day unless "No Lunch" is checked.
5. Timesheets **MUST be signed** by employee **AND** an authorized manager at the facility in order to be paid.
6. Explain any time missed.

REGULAR HOURS *Please complete ALL in/out times and TOTAL.

DAY	DATE (MM/DD/YY)	TIME-IN	Lunch-OUT	Lunch-IN	NO Lunch	TIME-OUT	TOTAL HOURS	Reason for Short Hours	Comments
SUN	MM/DD/YY				☐			Select...	
MON	MM/DD/YY				☐			Select...	
TUE	MM/DD/YY				☐			Select...	
WED	MM/DD/YY				☐			Select...	
THUR	MM/DD/YY				☐			Select...	
FRI	MM/DD/YY				☐			Select...	
SAT	MM/DD/YY				☐			Select...	

EXPLAIN IF GUARANTEED HOURS ARE NOT MET:

TOTAL HOURS FOR WEEK:

CALL HOURS: On-Call

DAY	DATE (MM/DD/YY)	TIME-IN	TIME-OUT	ON-CALL HOURS
SUN	MM/DD/YY			
MON	MM/DD/YY			
TUE	MM/DD/YY			
WED	MM/DD/YY			
THUR	MM/DD/YY			
FRI	MM/DD/YY			
SAT	MM/DD/YY			
TOTAL ON-CALL HOURS:				

Call-Back *(Can ONLY be called back if on-call) *Otherwise extra shift.*

TIME-IN	TIME-OUT	CALL-BACK HOURS	Call-Back Reason:
TOTAL CALL-BACK HOURS:			

Employee Signature: **Date:**

By my signature above, I hereby certify the hours above are correct and worked by me and I have no accidents or injuries to report. Misrepresentation may make myself liable to the maximum penalty allowed by law.

Authorized Facility Signature: **Date:**

By my signature above, I hereby certify the hours above are correct and approved for billing and will pay according to the hours listed above. Any discrepancies are listed above. Failure to comply may make the client facility liable to the maximum penalty allowed by law.