

veekly Timesneet Text:

Employee Name:				Facility Name:					Facility Location:		
	Date (mm/dd/yy)	Time In		Break	Time Out		Hours Worked		Round Trip Mileage	Client Signature	Client Initials Approving Paid Break *
		Hours	Minutes	Minutes	Hours	Minutes	Hours	Minutes			
Sample	01/01/16	7	30	30	3	30	7	30	0		
Sunday											
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
					Total	Regular Hours					
Note: All overtime must be approved					Total Overtime Hours					* Client must initialize Paid Break Approved to avoid a 30-minute deduction.	
meal period that w	as at least 30 minut	es in duration. I		ore or less time th	an I actually wor mmediately.	ked. I declare that I	have sustai	ned no injur		nd stop times, are accurate. I was allo gnment. I will not sign this time sheet i	
Employee Signature Date				Supervisor Name (print)				Supervisor Si	_// Date		
Recruiter Name:			F)	Email:				Fax:			

Payroll will be delayed by two weeks if timesheet is received after the deadline. You can now email us your time sheets by taking a picture. Download CamScanner app and use it to save the pictures. You can then email your time sheet pictures through the app. https://www.camscanner.com/user/download. Please be sure your time sheets are signed by you and by the authorized person with the facility.