



TIME SHEET

Weekly Work Report

Name _____ Employee ID #: _____ Week Ending _____

Name of Facility _____

Day	In Time	Out Time	Daily Total
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Total Hours Worked: _____ **Employee's Signature:** _____
(I certify that the above hours are correct.)

Supervisor Signature: _____ **Date** _____

Important: Return timesheet to Agency by Monday of the following week

* PRINT your FULL name

*The week ending date would be the same Saturday that you receive a paycheck for the prior work weeks.

*Total your daily hours, then grand total the bottom.

*Sign the bottom of the card to authorize that the times that are entered are times that you did work

*Your supervisor at the placement company **MUST** sign at the bottom of the card to authorize the payment for you.