

Time Sheet

Weekly Work Report

Employee Name: _____ Employee ID #: _____ Week Ending: _____

Name of Facility: _____ Facility Location: _____

Week Day	Date	In Time	Out Time	Daily Total	Supervisor Signature
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Total Hours Worked: _____ Employee Signature: _____

I certify that the above hours are correct

Supervisor Signature: _____ Date: _____

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

- Your employee ID # must be on your timecard. *PRINT your FULL name
- The week ending date would be the same Friday 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.