

Please fax to 888-235-6035 by Monday 2:00 PM EST
 Picture must be clear and capture they entire timesheet.
 Failure to fully complete timesheet with all required information may
 result in a delay in your payroll being processed.

Employee Name: _____
 (First & Last)

Week Ending: _____
 (Please do not abbreviate)

Important Instructions

- Make sure date/hours are clear and totaled
- Use military time
- ROUND TO THE NEAREST QUARTER HOUR
- Bottom section completed and signed by both client and employee
- SKIPPED MEALS MUST BE APPROVED BY SUPERVISOR

PLEASE USE
 MILITARY
 TIME CONVERSION

0:00 = 12:00 AM	12:00 = 12:00 PM
1:00 = 1:00 AM	13:00 = 1:00 PM
2:00 = 2:00 AM	14:00 = 2:00 PM
3:00 = 3:00 AM	15:00 = 3:00 PM
4:00 = 4:00 AM	16:00 = 4:00 PM
5:00 = 5:00 AM	17:00 = 5:00 PM
6:00 = 6:00 AM	18:00 = 6:00 PM
7:00 = 7:00 AM	19:00 = 7:00 PM
8:00 = 8:00 AM	20:00 = 8:00 PM
9:00 = 9:00 AM	21:00 = 9:00 PM
10:00 = 10:00 AM	22:00 = 10:00 PM
11:00 = 11:00 AM	23:00 = 11:00 PM

	DATE	FACILITY	Unit	TIME IN	Meal Time Out		TIME OUT	Regular Hours	Overtime Hours	Charge Hours	Supervisor Initials
					Time Out	Time In					
SUN											
SAT											
*TOTALS											

Performance Evaluation		Please fill a one number in each row	
Client Signature: _____ <i>Client agrees to be invoiced the hours verified on this timesheet.</i> Date: _____	Quality of Work:		5 - Excellent 4 - Very Good 3 - Good 2 - Fair 1 - Poor
	Documentation:		
	Clinical Ability:		
	Professionalism/Attitude:		
	Attendance/Punctuality:		
	Attitude/Behavior		

Total Hours _____

Falsifying time sheets is a violation of federal and state law. This goes for managers and employees who forge time sheet signatures, alter hours worked or clock in and out for someone else.

Employee Signature: _____

I certify that the hours shown are true and accurate. I did not suffer any accidents or injuries during the work covered in this timesheet. If you experienced an accident, you must submit an accident report with this timecard.

Date: _____