

TIME SHEET



Facility Name: _____

Please do not abbreviate.

Employee Name: _____

First & Last

Week Ending: _____

Please do not abbreviate | Work weeks are Sunday thru Saturday

****Important Instructions****

Phone: 800-798-6035

Fax: 888-235-6035

Please fax to 888-235-6035 or email to backoffice@voyagehealth.com by

Monday 12:00pm EST *Failure to fully complete timesheet with all required information

may result in a delay in your payroll being processed*

- Make sure date/hours are clear and totaled
- Please use military time
- If more than 1 unit is worked per shift, use a separate row for each unit.
- Bottom section completed and signed by both employee and facility.
- SKIPPED MEALS MUST BE APPROVED BY SUPERVISOR

	DATE	TIME IN	Mealtime Out		TIME OUT	Regular Hours	Overtime Hours	Charge Hours	On Call Hours	Call Back Hours
			Time Out	Time In						
SUN										
SAT										
TOTALS										

Performance Evaluation (completed by supervisor each week)						
Quality of Work:	1	2	3	4	5	N/A
Documentation:	1	2	3	4	5	N/A
Clinical Ability:	1	2	3	4	5	N/A
Professionalism/Attitude:	1	2	3	4	5	N/A
Attendance/Punctuality:	1	2	3	4	5	N/A
Attitude/Behavior:	1	2	3	4	5	N/A

5 - Excellent

4 - Very Good

3 - Good

2 - Fair

1 - Poor

Please circle one number in each row which best reflects your assessment of this employee based on the scale at left.

TOTAL HOURS			
REGULAR	OVERTIME	HOLIDAY	CHARGE
<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 40px; height: 30px;" type="text"/>

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.

Manager Signature: _____

Manager Print: _____

Date: _____