

## EMPLOYEE TIME SHEET

Employee Name: \_\_\_\_\_ Social Security# \_\_\_\_\_ Facility \_\_\_\_\_

Facility Phone# \_\_\_\_\_ Week of: \_\_\_\_\_ to \_\_\_\_\_

DAY	DATE	IN	OUT	BREAK TIME	REGULAR	OVERTIME	ON CALL HOURS**	CALL BACK HOURS	MILEAGE*	NOTES
SUN										
MON										
TUES										
WED										
THURS										
FRI										
SAT										
<b>TOTALS</b>										

I authorize payment of all regular hours and any evening hours noted on this time sheet.

Supervisor Signature: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

**OFFICE USE ONLY**

Reg. Hrs.	Billing Rate	Amount
OT Hrs.	Billing Rate	Amount
Call Back Hrs.	Billing Rate	Amount
On Call Hrs.	Billing Rate	Amount
<b>TOTAL BILLED</b>		

\*Complete mileage column for miles approved by your supervisor. Do not enter mileage going to and from work.  
 \*\*Only put on call hours in this on call column. If you were called back, do not include those hours in the "on call" column.

FAX TIME SHEET BY NOON MONDAY TO

866-657-5020