



## EMPLOYEE WEEKLY TIME SHEET

**Employee Name:** \_\_\_\_\_ **Client Name:** \_\_\_\_\_

Day	Date Worked	Time In	Time Out	# of Hours	<b>Client Signature-</b> please sign each day staff worked
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
<b>Total Hours</b>					

Employee Agreement: I certify that I have worked the hours listed on this time sheet. I understand that my paycheck will be delayed if this time sheet is incomplete.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

Client's signature certifies that the hours of service noted above have been received. Overtime & overlapping shifts **must** be pre-approved.

Late Fee charge applies to all time sheets turned in two weeks late or more.

**Time sheets are due before 4PM EVERY MONDAY.**