



2740 American Boulevard West, Suite 110, Bloomington, Minnesota 55431
TEL: (952) 854-6104 FAX: (952) 854-6134

EMPLOYEE WEEKLY TIME SHEET

Employee Name: _____ **Client Name:** _____

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

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.