

## Weekly Time Sheet

**Name:** \_\_\_\_\_ **Week Ending:** \_\_\_\_\_

Day of Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time In							
Time Out							
Time In							
Time Out							
TOTAL							

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I certify that the hours shown above represent my total hours worked and that they were properly verified by the facility or an authorized representative.*

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Falsification of time sheets will result in termination.*

*Illegible, incomplete information or late submission of time sheets WILL delay payment.*