

# SEVEN HILLS

Medical Solution

## TIME SHEET

### Weekly Work Report

Name: mike

Employee ID: 34

Week Ending: 2020-07-01

Name Of Faculty: M

Faculty Location: M

**Day**

**In Time**

**Out Time**

**Daily Total**

# TIME SHEET

## Weekly Work Report

Name: mike

Employee ID: 34

Week Ending: 2020-07-01

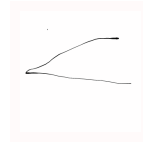
Name Of Faculty: M

Faculty Location: M

Day	In Time	Out Time	Daily Total
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Total Hours Worked: 0 Hours

Employee's Signature:

A handwritten signature in black ink, consisting of a stylized 'C' shape with a horizontal line extending to the right, enclosed in a light pink rectangular box.

*(I certify that the above hours are correct.)*

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Supervisor Signature

Date: 2020-07-16

A handwritten signature in black ink, consisting of a stylized 'C' shape with a horizontal line extending to the right, enclosed in a light pink rectangular box.

**Important: Return card to agency of the following week.**

- **Your employee ID # must be on your time card. \*Print your full name.**
- **The week ending date would be the same Friday that you receive a paycheck for the prior work weeks.**
- **Total your daily hours, then grand total at the bottom.**
- **Sign the bottom of the card to authorize that the times that are entered are times that you did work.**
- **Your supervisor at the placement company MUST sign at the bottom of the card to authorize the payment for you.**

