

NAME: _____ FACILITY: _____

Fax completed timesheet no later than Monday at 12pm 1-844-919-3137

| Day(s) Worked | Date | Unit | Time In | Meal Break (minutes) | Time Out | Supervisors Signature |
|--------------------|------|------|---------|-------------------------|----------|-----------------------|
| Sunday | / / | | | | | |
| Monday | / / | | | | | |
| Tuesday | / / | | | | | |
| Wednesday | / / | | | | | |
| Thursday | / / | | | | | |
| Friday | / / | | | | | |
| Saturday | / / | | | | | |
| Total Hours | | | | | | |

Employee Signature _____ Date: _____

Flexible Healthcare Solutions
747-281-6502

