# Weekly Time sheet


Employee Name: _____ Title: _____

Client/Facility name: _____ Month/Year: _____

| | Start Date | Start Time | Lunch | Stop Date | Stop Time. | Total hours | Supervisor signature |
|---|---|---|---|---|---|---|---|
| Monday | | | | | | | |
| Tuesday | | | | | | | |
| Wednesday | | | | | | | |
| Thursday | | | | | | | |
| Friday | | | | | | | |
| Saturday | | | | | | | |
| Sunday | | | | | | | |
| | | **Weekly Totals** | | | | | |

Employee signature: _____ Date: _____

By signing this form, I certify that the hours shown above represent my total hours, are true and correct, and that they were properly verified by the facility authorized representative. I understand that falsification of this document is against Company policy and is grounds for immediate dismissal.

**Submit a completed timesheet every Monday by 12P.**

**Client**: My signature certifies that the hours shown above are correct and that the employee performed satisfactorily.