



Employee Name: _____

Facility Name: _____

Fax or upload your completed timesheet on the website no later than Monday at 8:00a.m. F#516 464-6254

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** _____