

Time Sheet

Employee Name: _____ Facility: _____

Reporting Period: _____ to _____ Position: _____

Day	Date	IN	OUT	Less Meal Break	Reg Time	Holiday	Flex	Total Hrs
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
WEEKLY TOTALS:								

I have reviewed the above and hereby certify it is correct.

Employee Signature: _____

Supervisor Signature: _____ (Mandatory)

Please send your time sheet to the corporate office by the close of business EVERY MONDAY.

Note: If time sheets are received after the deadline, your paycheck may be delayed one week.

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