

## 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								
<b>WEEKLY TOTALS:</b>								

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.

Toll Free Fax: 866-204-8764 or

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