

Time Sheet for Exempt Employees

Employee Name: _____ Facility: _____

Reporting Period: _____ Position: _____

Day	Date	Reg Time	Holiday	Flex	Total Hrs
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
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.

Toll Free Fax: 866-204-8764 or

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