

# Weekly Time Sheet

MAIL time sheet to the address below - OR - FAX to Payroll Department 516.938.2228

Name \_\_\_\_\_

Discipline: \_\_\_\_\_

Facility: \_\_\_\_\_

Week ending (Saturday's date) \_\_\_\_\_

**\*\*Note: Please use 1 time sheet per facility per week**

DATE	TIME IN	TIME OUT	BREAK/LUNCH	TOTAL HOURS WORKED
Sunday <u>  </u> / <u>  </u> / <u>  </u>				
Monday <u>  </u> / <u>  </u> / <u>  </u>				
Tuesday <u>  </u> / <u>  </u> / <u>  </u>				
Wednesday <u>  </u> / <u>  </u> / <u>  </u>				
Thursday <u>  </u> / <u>  </u> / <u>  </u>				
Friday <u>  </u> / <u>  </u> / <u>  </u>				
Saturday <u>  </u> / <u>  </u> / <u>  </u>				

Total Hours for the Week \_\_\_\_\_

By signing this time sheet I certify the hours worked below are correct and true.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Authorized Facility Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date