

Weekly Timesheet
FAX TO 770-991-1557 PRIOR TO MONDAY AT 12:00 PM EASTERN TIME

Employee Name:	Last 4 Digits of Social Security Number:	Recruiter:
Facility:	State:	Unit Assigned:

Instructions: Enter actual time using AM and PM designations. If you work a shift that begins one day and ends the next day, record all time for that shift in the columns of the day that the shift begins. **Please fax your timesheet prior to Monday before 12:00pm Eastern Time to 770-991-1557. Timesheets received after the deadline will be paid out the following pay period.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date:							
Time In							
Time Out							
Time In							
Time Out							
Exceptions*	<input type="checkbox"/> No Break Initial: _____	<input type="checkbox"/> No Break Initial: _____	<input type="checkbox"/> No Break Initial: _____	<input type="checkbox"/> No Break Initial: _____	<input type="checkbox"/> No Break Initial: _____	<input type="checkbox"/> No Break Initial: _____	<input type="checkbox"/> No Break Initial: _____
Exception Approval**							
Supervisor Name							
Charge Start							
Charge End							
On Call Start							
On Call End							
Call Back In							
Call Back Out							
Overtime Approval**							
Supervisor Name							
Unit/Floor Worked							

* For any missed/skipped break, you must check the box and initial underneath for each shift so reported.
 ** A supervisor must initial in the Exception Approval or Overtime Approval box for any missed/skipped breaks or overtime for each shift and print their name in the Supervisor Name box below the initials.

EMPLOYEE AUTHORIZATION:

By my signature, I certify that the information and hours reported above are accurate and reflect my actual hours worked. I understand that incorrect information may result in a payroll adjustment and that deliberately incorrect or misleading information may result in a payroll adjustment and/or disciplinary action. Further, I understand that if I submit my timesheet after 12:00pm Eastern Time, I will receive pay for the above reported hours on the following paycheck.

Employee Signature _____
Date

CLIENT AUTHORIZATION: Should this employee receive his/her guaranteed hours? YES NO

By my signature, I certify that I have reviewed the hours reported above and agree that they are correct and reflect the actual hours worked.

Authorized Client Signature _____
Date

DO NOT WRITE IN BOXES BELOW / TO BE COMPLETED BY HCS PAYROLL DEPARTMENT

Weekly Hours Summary	Regular	Overtime	On Call	Callback	Charge	Holiday	PTO