



WEEKLY TIMESHEET

***Please note that timesheets MUST be emailed to our office no later than 8.00am Monday morning Pacific Standard Time**

Employee Name: _____ Department: _____

Facility Name: _____ Title: _____

DAY	DATE	START TIME	BREAK (Minutes)	END TIME	TOTAL HOURS	FACILITY SIGNATURE
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						

TOTAL HOURS WORKED FOR THE WEEK:	
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Payroll will be delayed by 2 weeks if your timesheet is received after the deadline*. Timesheets must be emailed to info@essentialshhealthcarestaffing.com or send by fax to +1 (206) 973 5301. Please make sure your timesheet is filled out completely and accurately and that it is signed by you and the authorized person at the facility.

Employee Signature: _____ Date: _____

Facility Supervisor Name (Printed): _____

Facility Supervisor Signature: _____ Date: _____