

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 __/__/__				
Monday __/__/__				
Tuesday __/__/__				
Wednesday __/__/__				
Thursday __/__/__				
Friday __/__/__				
Saturday __/__/__				

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