



EMPLOYEE TIME SHEET

Please fax to **(559) 415-6975**

Employee Name (Last, First)

License Type

Employee ID#

Facility

City, State

Day	Date	Unit/Location	Time In	Lunch		Time Out	Summary of Hours				Total Hours	All Health Services Office Use Only
				Out	In		Reg	OT	DT	Chrg		
Sun												
Mon												
Tue												
Wed												
Thu												
Fri												
Sat												
Week Totals:												

TIMESHEET AUTHORIZATION

Employee Authorization: By signing below, I certify that this timesheet is an accurate record of the time I worked at the listed facility. I understand that this document is a legal record and that any misrepresentation on this timesheet is grounds for immediate termination.

Employee Signature:		Date:
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Supervisor Authorization: By signing below, I certify that I have the authority to verify employee hours and approve overtime. I further certify that this timesheet is an accurate record for the AHS employee listed above of hours worked for and approved by this facility.

Supervisor Signature:		Date:
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Please fax timesheets immediately after the pay period. **Timesheets are due by 12:00 Noon (PST) on Monday** following each pay period. Late timecards may result in delayed payment. All Signatures must be hand-signed. Electronic signatures not accepted.