Weekly Time Sheet With Breaks

Health Care *INNOVATIONS*

Staffing
7701 Grand River Suite 100
Brighton, MI 48114

Week Ending Saturday:_____

Employee Name: _____ (date)

Facility: _____

Manager Name: _____

Fax (800)476-2066 ***Please call to confirm that your time sheet has been received*** **Phone (877)765-7500**

Time sheets must be received by 12 noon on Mondays and must be accompanied by a manager's signature*. No exceptions.

Date	Sunday Month/Day/Year		Monday Month/Day/Year		Tuesday Month/Day/Year		Wednesday Month/Day/Year		Thursday Month/Day/Year		Friday Month/Day/Year		Saturday Month/Day/Year		
Unit															
Start Time		AM - PM		AM - PM		AM - PM		AM - PM		AM - PM		AM - PM		AM - PM	
MEAL BREAK Time Out		AM - PM		AM - PM		AM - PM		AM - PM		AM - PM		AM - PM		AM - PM	
MEAL BREAK Time In		AM - PM		AM - PM		AM - PM		AM - PM		AM - PM		AM - PM		AM - PM	
End Time		AM - PM		AM - PM		AM - PM		AM - PM		AM - PM		AM - PM		AM - PM	**Total Hours for the Week**
Total Regular Hrs															**Reg:**
Total OT Hrs															**OT:**
Total Orient Hrs															**Orientation:**
Supervisor Signature for OT Hrs															

ALL shifts 8 hours in length or longer will include a 1/2 hour UNPAID break unless indicated on your timesheet.

If you did not take a break for ANY reason, please note it on your timesheet, have the manager approve the change and you will be paid for the appropriate time.

_____ _____

Employee signature Date

_____ _____

Manager signature Date

NOTE: Employee signature and Supervisor approval certifies the hours/times shown here are correct

~ All overtime must be pre-approved and timecard must include proper overtime approval in order to be paid at overtime rate.

~ Use the space below to document any unusual circumstances related to your timecard. Example: 9/22/07 - stayed over to cover for late employee

~ Time cards available to download on our website www.hcinnov.com.

***In some instances the manager may be unavailable; if so, please find an alternate signer/authorizer**