# 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:** _____

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

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | |
|---|---|---|---|---|---|---|---|---|
| **Date** | Month/Day/Year | Month/Day/Year | Month/Day/Year | Month/Day/Year | Month/Day/Year | Month/Day/Year | 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** | | | | | | | | |

***Time Sheets Must be Received by 12 Noon on Mondays. No Exceptions.***

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.