



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

Weekly Timesheet due MONDAY by 5PM for the prior week