



TIME SHEET
Fax: (866) 454-3602
 Phone: (800) 596-5110

Instructions: Please round all time to the nearest 15 minutes.
Please prepare a separate time sheet for each client and print legibly.

Week Ending Date: (Must Be a Saturday) _____ / _____ / _____
Month Day Year

Employee Name: _____ Social Security #: XXX-XX-_____

Facility Name: _____ Unit: _____

Please make sure that all spaces below are filled out completely

Day	Date	Time IN	Time OUT	Less Break	Total Worked	On Call Hours	Call Back Hours	*OT Hours	**Facility Approval
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
				Total Hours				*	**

*Overtime Hours: Employees who work in excess of 40 hours per work week (Sunday – Saturday) will be paid overtime, if and only if the additional hours worked are approved by an authorized facility representative.

** Facility Approval is required at the end of each shift, as well as at the end of the week. Please inform a facility representative if your current shift will put you over 40 hours for the work week or if you have already exceeded 40 hours for the work week.

RHS EMPLOYEE SIGNATURE

I CERTIFY THAT NO ACCIDENT OR INJURY WAS SUSTAINED BY ME WHILE WORKING ON THE ASSIGNMENT UNLESS SO NOTED IN THE COMMENTS SECTION BELOW. I CERTIFY THAT THE HOURS SHOWN ABOVE REPRESENT MY TOTAL HOURS FOR THE WEEK WORKED FOR THE CLIENT LISTED ABOVE AND THAT THEY WERE PROPERLY VERIFIED BY AN AUTHORIZED REPRESENTATIVE OF THE CLIENT FACILITY.

Signature: _____ Date: _____

AUTHORIZED FACILITY REPRESENTATIVE SIGNATURE

I CERTIFY THAT THE HOURS SHOWN ABOVE ARE CORRECT AND THAT THE RHS EMPLOYEE IDENTIFIED ABOVE, PERFORMED SATISFACTORILY. IN ADDITION, ANY OVERTIME SHOWN ABOVE WAS PROPERLY APPROVED.

Signature: _____ Date: _____

COMMENTS

- To receive pay on Friday, timesheets must be received by 9am on Tuesday following the week worked
- Please call the office weekly with your availability if you are not scheduled.
- Thank you for choosing RHS