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Employee Timesheet

Employee Name and Title: _____

Name of Facility: _____

Week of: _____

DATE	DAY	TIME IN	TIME OUT	BREAK	TOTAL HOURS	CLIENT SIGNATURE	COMMENTS
	SUNDAY						
	MONDAY						
	TUESDAY						
	WEDNESDAY						
	THURSDAY						
	FRIDAY						
	SATURDAY						
TOTAL NUMBER OF HOURS FOR THE WEEK							

EMPLOYEE SIGNATURE: _____

Timesheets are due by 10 a.m. Sunday

Email timesheet to: flmstaffingsolution@gmail.com

Tel: (317)515-2116