



Weekly Time Sheet

Provider Name: _____

Facility Name: _____

Take Photo and send completed Time Sheet to payroll@dellstaff.com by Sunday at 1 P.M.
Time Sheet must be free from edits. Failure to provide completed Time Sheet by deadline may result in delay of pay.

Day(s) Worked	Date	Unit	Time In	Meal Break (minutes)	Time Out	Total Hours	Supervisors Signature
Sunday	/ /						
Monday	/ /						
Tuesday	/ /						
Wednesday	/ /						
Thursday	/ /						
Friday	/ /						
Saturday	/ /						
						Total Hours:	

Provider Signature: _____ **Title:** _____ **Date:** _____

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