



# Weekly Time Sheet

Employee Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

*Take Photo and Send Completed Time Sheet to [dellmedicalstaffing@outlook.com](mailto:dellmedicalstaffing@outlook.com) by Monday at 2 P.M.*

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:	

Employee Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_