



WEEKLY TIMESHEET

EMPLOYEE: _____

WEEK OF: _____

LOCATION: _____

****Round time to nearest quarter hour.**

DAY OF WEEK/DATE	TIME IN	LUNCH	TIME OUT	TRAVEL TIME	VACATION, PTO, SICK, HOLIDAY, OR OTHER	TOTAL HOURS WORKED
Sun _ / _ / _						
Mon _ / _ / _						
Tues _ / _ / _						
Wed _ / _ / _						
Thurs _ / _ / _						
Fri _ / _ / _						
Sat _ / _ / _						

TOTAL HOURS WORKED: _____

I CERTIFY THAT THE HOURS ON THIS TIMESHEET WERE WORKED AND ARE CORRECT.
EMAIL TIMESHEET TO PAYROLL@CHOICEREHAB.COM AT THE END OF EACH WORK WEEK.

EMPLOYEE SIGNATURE

DATE

SITE SUPERVISOR OR CR SIGNATURE

DATE