



Employee Name:
Occupation:
Facility:

Reminder: One Time Sheet Per Facility/ One Time Sheet Per Week

Day	Date	Time In	Time Out	# of Minutes taken for lunch	Total Hours Worked	Unit/Floor	Client Signature and Title
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Total Hours							

- * You MUST state your lunch time. **"NO LUNCH" must be approved by facility**
- * Any Overtime MUST have prior approval before working
- * No Call/No Show serves as voluntary resignation
- * If you need to call in, 4 hours notice is required! Call outs require verifiable documentation

By signing below, I certify that I have worked the hours listed on this time sheet, and I will abide by the rules, procedures, and policies referenced in the Fast Pace Employee Handbook I received upon hire.

Employee Signature: _____ Date: _____

Time Sheets must be uploaded to the WorkForce Pc Monday at 8 am, any late timecards will be paid out the following pay period.



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