

Weekly Time Sheet

Advanced Care Staffing

Employee: _____
 Position: _____
 Facility: _____

266 Broadway Suite 502
 Brooklyn, NY 11211

Week ending: _____
 (Saturday)

Day	Date	Shift	Paid Hours	Facility Signature
Sunday	___/___/___			
Monday	___/___/___			
Tuesday	___/___/___			
Wednesday	___/___/___			
Thursday	___/___/___			
Friday	___/___/___			
Saturday	___/___/___			
Total hours				

Supervisor's Signature _____ Date _____
 Employee Signature _____ Date _____

* Please fax back this form every Monday morning at 718.305.6824.
 **Make sure that the Facility Supervisor signs at the end of every shift or you will not be paid. Thank you.