



EMPLOYEE TIMESHEET

Fax To: 317-862-8143

All time sheets due by **NOON** every **SUNDAY**
One timesheet per facility

Employee Name: _____

Title: _____

Facility: _____

Department/Unit: _____

Regular Hours

Date	Day	Start Time	End Time	*Break Time	Total Hrs Work	Authorization Signature
	Sun					
	Mon					
	Tues					
	Wed					
	Thurs					
	Fri					
	Sat					

* 30 minutes of break time will be deducted if left blank

On Call Hours

Date	Day	Start Time	End Time	Called In? Y/N	Call Time Worked	Authorization Signature

Orientation Hours

Date	Day	Start Time	End Time	Break Time	Authorization Signature

Employee Signature: _____

Date: _____

Additional items/comments:

Travel Per Diem – I travel over 50 miles one way to this facility per mapped authorization by Assured Healthcare