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New York

Arizona

New Jersey

Connecticut

Name of Facility: _____

Week Ending: _____

Address: _____

Employee Name: _____

Job Title: _____

DATE	DAY	AM		PM		TOTAL NO. OF HOURS		EMPLOYEE SIGNATURE	AUTHORIZED SIGNATURE (IF ANY)
		TIME IN	TIME OUT	TIME IN	TIME OUT	REG	OT/HOL		
	SUN								
	MON								
	TUE								
	WED								
	THU								
	FRI								
	SAT								
TOTAL									

WEEKLY TIME SHEET

REMARKS: