



	DATE	TIME IN	TIME OUT	(-) BREAK	Guaranteed Hours	TOTAL HOURS	Comments/Mileage
SUN							
MON							
TUE							
WED							
THU							
FRI							
SAT							
TOTAL							

(HCP) and (Supervisor) certify that the hours stated are correct and the work was performed in a satisfactory manner. FAX TIMESHEETS to (972) 692-7202

Facility Name: _____ Unit Supervisor: _____

Employee Name (Printed) _____ Employee Signature _____

Supervisor Name (Printed) _____ Supervisor Signature _____