



39600 Garfield Rd. - Suite F  
Clinton Twp. MI 48038

**P:** (586) 228-7100

**F:** (586) 228-7274

### Weekly Time Record

Employee Name: \_\_\_\_\_

Employee Phone: \_\_\_\_\_

Employee # \_\_\_\_\_

Week ending: \_\_\_\_\_

Day	Hospital	Unit	Start Time	End Time	No Lunch	Total Hours	Supervisor Signature
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Employee signature: _____						<b>Total Hours for Week:</b>	

Time Sheets must be turned in Monday by 12 noon following your work week via email or fax: 586-228-7274.

Supervisor signature is required for each shift.

If you did not take a lunch please have supervisor initial "No Lunch" box.