

Advanced Care Staffing

545 Broadway 3rd Floor
 Brooklyn, NY 11206

Weekly Time Sheet

Employee: _____
 Position: _____
 Facility: _____

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.