



Employee Name: _____

Facility Name: _____

Fax completed timesheet no later than Sunday at 10:00a.m. (Fax Number: 916-252-1718)

Day(s) Worked	Date	Unit	Time In	Meal Break (minutes)	Time Out	Supervisors Signature
Sunday	/ /					
Monday	/ /					
Tuesday	/ /					
Wednesday	/ /					
Thursday	/ /					
Friday	/ /					
Saturday	/ /					
Total Hours						

Employee Signature: _____ Date _____



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