

Week of _____

Office Phone Number (24/7)

785-789-3944



A division of

Cornerstone Employment Solutions INC.

Weekly Time Sheet

All completed time sheets must be Faxed to: 1(785)-789-4756 or emailed to: HR@cornerstonehcs.org by **12p.m Monday.**

No guarantees payment of late time sheets.

Please leave a copy of your timesheet at facility after each

Employee Name _____

Day	Facility	Date	Position Worked	Time IN	Time Out	Minus Meal	Hours Worked	Total Miles	Pager Yes/No	Pager Returned Yes/No	Supervisor Signature
Sun			RN LPN CNA CMA	AM PM	AM PM						
Mon			RN LPN CNA CMA	AM PM	AM PM						
Tues			RN LPN CNA CMA	AM PM	AM PM						
Wed			RN LPN CNA CMA	AM PM	AM PM						
Thur			RN LPN CNA CMA	AM PM	AM PM						
Fri			RN LPN CNA CMA	AM PM	AM PM						
Sat			RN LPN CNA CMA	AM PM	AM PM						

I certify That The Hours Shown Above Represent My Total Hours Worked and They Were Verified By the Facility or By An Authorized Representative.

Employees Signature _____

Pay period runs Sunday through Saturday. You need new time sheet each pay period.

Important for the Client: By execution of this form, client certifies: (1) the above hours are correct and the work was done in a satisfactory manner.

(2) Agrees to pay for services provided by above mentioned Employee of Cornerstone Healthcare Solutions .