



## WEEKLY TIMESHEET

**FAX TIME SLIP TO: (515) 257-7260**

**EMAIL TO: [timesheet@elohimhcs.com](mailto:timesheet@elohimhcs.com)**

Weekly pay (hours worked from **Monday** through **Sunday**)

Time slips are due **Monday by 8.00AM** for the previous week worked.

<b>POSITION:</b>	<b>CNA:</b>	<b>CMA:</b>	<b>LPN:</b>	<b>RN:</b>
<b>Facility Name:</b>				
<b>Employee Name:</b>				

**Facility representative to Initial for approved overtime and for missed breaks/lunch.**

Day	Mon	Tues	Wed	Thu	Fri	Sat	Sun
<b>Date</b>							
Unit/floor worked							
Shift Start Time							
Lunch break*							
Shift End Time							
Total Hours Worked <b>{office use only}</b>							
Facility Representative signature							

By Signing this I certify that the information and hours reported above are accurate and reflect my actual hours Worked

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Signature: \_\_\_\_\_

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