



HOURS TIME SHEET

Pay Period Start Date: _____

Pay Period End Date: _____

Employee Name: _____

Manager Name: _____

Facility Name & Location: _____

	Date	In	Out	In	Out	Total Hours
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
						Total Hours

Employee Signature: _____ Date: _____

Manager Signature: _____ Date: _____

This must be signed by the Manager Before it will be accepted for Payroll & Billing purpose

* Please fax to 248-629-2110 OR Email: billing@ritesteprehab.com *By Monday*