

All timesheets must be submitted by Sunday 12:00 CST

If you dont take a lunch it must be approved by supervisor

Must have Facility rep Signature

Acadia Workforce, Inc

EMPLOYEE WEEKLY TIMESHEET

Ph: 800-331-1531 Fax: 800-331-1531

Military Time

EMPLOYEE NAME: Full Name TITLE: Your title

FACILITY NAME: Facility Name CITY: Facility city

DATE	TIME IN	TIME OUT	UNIT/FLOOR	LUNCH	TOTAL HOURS	EMPLOYEE SIGNATURE	FACILITY REPRESENTATIVE SIGNATURE
Sunday 02/ 01/ 18	0645	1915	Unit	30	12	Employee Signature	Facility Rep Signature
Monday / /							
Tuesday / /							
Wednesday / /							
Thursday / /							
Friday / /							
Saturday / /							

Total Hours total

Always total your hours

By signing this timesheet, I the facility representative agree to the terms of net upon receipt and to pay interest on unpaid balances, accounts, invoices which are over 30 days old at a rate of 1.5% per month (APR18%) to the maximum legal interest rate allowed by law, which ever is lower, together with reasonable attorneys fees. I certify that the hours shown above are correct and the employee performed satisfactorily

If timesheet is not submitted by the payroll period and time then pay to you will be rolled over to the following week or when you submit the completed accurate timesheet the following friday barring any bank closing days.

If your facility uses a timekeeping device (Kronos) then you will be paid using facility time logs and timesheets you submit are for reference only.

Falsifying timesheets and or logs is grounds for immediate termination. Inacurate timesheets and or timelogs will not be paid until the discrepancy is cleared.