

**ALL AMERICAN**  
**HEALTH CARE SERVICES INC**

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***Weekly TimeSheet***

Name \_\_\_\_\_ Facility Worked \_\_\_\_\_

Day	Date	Position	Time In	Lunch (See Note Below)	Time Out	Total Hrs Worked	Supervisor Signature
<i>Mon</i>							
<i>Tues</i>							
<i>Wed</i>							
<i>Thurs</i>							
<i>Fri</i>							
<i>Sat</i>							
<i>Sun</i>							

**Total Hours Worked for The Week**

**Note\*\*** Total Hours Worked does NOT include Lunch. The employee will be paid for the actual hours worked. Please use separate Time Sheet for each client.

**Comments**

\_\_\_\_\_

**Authorized Signature** \_\_\_\_\_

**Authorized By** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_

All Time Sheets must be signed by the Supervisor. Unsigned Time Sheets will not be processed by the Payroll Department. All Time Sheets must be faxed to the office latest by Monday morning at 11:00 am