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BI-WEEKLY TIMESHEET

Employee Name _____ Facility _____

Payroll Period _____ (Patient Name) _____

This time sheet should reflect your hours worked on the job (arrival time, lunch & departure). This original timesheet must be in the Corporate Office by 11am on the Monday immediately after the end of the Payroll Period.

Week One	Date	Position	Time In	Lunch	Time Out	Total Hrs	Order #	Signature
<i>Mon</i>								
<i>Tues</i>								
<i>Wed</i>								
<i>Thurs</i>								
<i>Fri</i>								
<i>Sat</i>								
<i>Sun</i>								

Week Two	Date	Position	Time In	Lunch	Time Out	Total Hrs	Order #	Signature
<i>Mon</i>								
<i>Tues</i>								
<i>Wed</i>								
<i>Thurs</i>								
<i>Fri</i>								
<i>Sat</i>								
<i>Sun</i>								

Supervisor Signature _____ Date _____

Supervisor Name _____ Title _____

All employees are required to sign in and out. No employee is to sign in or out for another employee.