



WEEK: _____ EMPLOYEE: _____
 (Print Name)

MAKE A COPY AT THE END OF EACH SHIFT FOR FACILITY

TIMESHEETS ARE DUE BY SUNDAY 11:59PM

DAY	FACILITY	DATE	TITLE	TIME IN AM or PM	30 MIN BREAK Y or N	TIME OUT AM or PM	TOTAL HOURS WORKED	TOTAL ROUNDTRIP MILEAGE	SUPERVISOR SIGNATURE
SUN									
MON									
TUES									
WED									
THURS									
FRI									
SAT									

I CERTIFY THAT THE HOURS SHOWN ABOVE REPRESENT MY TOTAL HOURS WORKED AND ARE VERIFIED BY THE FACILITY OR AUTHORIZED REPRESENTATIVE.

USE ONE TIMESHEET PER WEEK. EMPLOYEE SIGNATURE: _____

IMPORTANT FOR THE CLIENT: BY EXECUTION OF THIS FORM, CLIENT CERTIFIES: 1.) THE ABOVE HOURS ARE CORRECT AND THE WORK WAS DONE IN A SATISFACTORY MANNER. 2.) AGREES TO PAY FOR SERVICES PROVIDED BY ABOVE MENTIONED EMPLOYEE OF TRINITY UNITED, LLC.

Please upload an image of this signed time sheet in the Workforce Portal for each shift notated. Questions about payroll can be directed to payroll@trinityunitedllc.com. Thank you!