

ClearDay

Healthcare Staffing

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WEEKLY TIME SHEET

EMPLOYEE: _____

FACILITY: _____

DAY	DATE	START WORK	START BREAK	END BREAK	END WORK	HOURS WORKED
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Returning to Job

Job Completed

Total to nearest ¼ hour.
Minimum 4 hours.

TOTAL HOURS

By signing below, the facility certifies that the hours indicated are correct and services were performed to satisfaction. The facility also agrees not to employ a ClearDay temporary for a period of 6 months. If the facility violates this condition, they will pay ClearDay its full placement fee as liquidated damages.

Facility Authorized Signature

Employee Signature