



FAX: 253-292-0584 | TEL: 360-448-7464

<b>TIMESHEET</b>							
<b>EMPLOYEE NAME:</b>							
<b>FACILITY NAME:</b>				<b>DEPARTMENT:</b>			
<b>CLASSIFICATION:</b>			<b>PAY PERIOD ENDING</b>		<b>OT APPROVAL</b>		
DAY OF WEEK	DATE	TIME IN	BREAK	TIME OUT	TOTAL HOURS	LATE CALL	SUPERVISOR INITIALS
SUNDAY							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
Client and staff each certify that the hours stated are correct.							
How would you rate our employee job efficiency?					Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
Comments: _____ _____ _____ _____ _____							

<b>EMPLOYEE NAME:</b>	<b>FACILITY SUPERVISOR'S NAME:</b>
<b>EMPLOYEE SIGNATURE:</b>	<b>FACILITY SUPERVISOR'S SIGNATURE:</b>
I certify that I worked the hours reported on this timesheet and I did not experience any accident or injury that I did not report directly to Actriv Healthcare. <b>I agree to submit this timecard to Actriv Healthcare upon completion of my shift.</b>	<b>The Client Authorized Signature</b> above certifies that: (1) the hours shown are correct, (2) the work was performed in a satisfactory manner (3) there was no known injury to an employee that was not reported to Actriv Healthcare.

FAX TO: 253-292-0584 or Email to: [payroll@actriv.com](mailto:payroll@actriv.com)