

Ashford Personnel and Solutions

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TIME SHEET

Employee Name: _____ Job Title: _____

Employee Number: _____ Client Name: _____

Department: Healthcare Supervisor Title: _____

Day	Date	Start Time	End Time	Break	Total Hrs.	Employee Signature	Supervisor Name	Supervisor Signature
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Weekly Totals								