



Employee Name: _____

Facility Name: _____

Circle One:

CNA

QMA

LPN

RN

ATTENTION: THIS FORM MUST BE COMPLETED AND APPROVED BY THE EMPLOYEE SUPERVISOR AND UPLOADED BY 8 AM ON SUNDAYS. SUBMISSIONS EMAILED TO CAREER@HANDSONSTAFF.COM IF WE DO NOT RECEIVE YOUR APPROVED TIMESHEET BEFORE PAYROLL IS PROCESSED, YOUR PAYCHECK COULD BE DELAYED UNTIL THE FOLLOWING PAY PERIOD.

	Date	Time In	Meal Break Y or N	Time Out	Covid or Special Rate	Total Hours	Supervisor Signature
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

Company Approval

THE HOURS AS SHOWN ON THIS TIMESHEET HAVE BEEN REVIEWED AND APPROVED BY THE BELOW SIGNEE

NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

United Health Solutions Employee Approval

I CERTIFY THAT THE DAYS AND HOURS SHOWN ON THIS TIME SHEET ARE CORRECT AND WERE WORKED BY ME:

EMPLOYEE SIGNATURE: _____

DATE: _____